

Annual Members Meeting

St George's University Hospital NHS Foundation Trust

When: Wednesday 25 September 2024, 6.30pm – 7.30pm

Where: Hyde Park room, First Floor, St George's Hospital

Time	Item
6.30 pm	Welcome from our Chairman, Gillian Norton
6.35pm	Approval of the minutes of the 2023 Annual Members' Meeting
6.40 pm	Patient and staff story Innovative care - using VR for patients who have experienced a traumatic injury – Beth Kenny, Highly Specialised Physiotherapist <i>Introduced by Gillian Norton, Chairman</i>
6.50pm	A Review of the Year <i>Kate Slemeck, Managing Director</i>
7pm	Governor's year in review <i>Alfredo Benedicto, Lead Governor</i>
7.10 pm	Trust Finance Review (including receipt of Annual Report and Accounts 2023/24) <i>Andrew Grimshaw, Chief Finance Officer</i>
7.20pm	Q&A and closing comments <i>Gillian Norton, Chairman</i>

Minutes of Annual Members' Meeting 27 September 2023 The Curve Lecture Theatre, St George's Hospital

Presenter	Title
Gillian Norton	Chairman
Jacqueline Totterdell	Group Chief Executive Officer (GCEO)
Andrew Grimshaw	Group Chief Finance Officer (GCFO)
Nasir Akhtar	Public Governor, Merton

OPENING ADMINISTRATION

1.1 Welcome

The Chairman welcomed everyone to the Annual Members' Meeting. She thanked members and the public for their continued support over the past year which was hugely appreciated by the Trust and its staff and volunteers.

The minutes of the previous Annual Members' Meeting, held on 26 September 2022, were agreed as a true and accurate record.

TRUST OVERVIEW OF THE YEAR

2.1 Patient Story

The Chairman introduced Emma Van Klaveren, whose five year old daughter, Floriana, had been diagnosed with cancer in March 2020 and had been treated at St George's and at the Royal Marsden. Emma talked about her family's experience of the Trust's children's cancer services. Emma explained that Floriana had been diagnosed with kidney cancer and had received "fantastic" care at St George's. Floriana had regularly travelled to the Trust for chemotherapy treatment. Emma agreed that children's cancer services should be based at a single site and collocated with a paediatric ITU. She maintained that the service should be based at St George's rather than relocated to the Evalina Hospital. Although Floriana was now in remission and was doing well, Emma expressed anxiety that, should Floriana need further treatment from child cancer specialists in the future, local care may not be available. Travelling to central London was highlighted by Emma as a key concern as it was difficult to drive to the Evalina and it was not possible to take an immune-compromised child on public transport. She added that had the services for Floriana been delivered from the Evalina, it would have added to the stress and expense and would not have been in Floriana's interests. Emma expressed gratitude to local council leaders and to her local Member of Parliament, Rosena Allin Khan, who had written to the Secretary of State for Health requesting that children's cancer services be retained at St George's.

The Chairman thanked Emma for talking about the care Floriana had received, and asked what she thought was good about her experience of the service at St George's. Emma explained that the two key factors were that St George's was close to home and travel was straightforward, and that the staff on Pinkney Ward had been so expert and caring for Floriana.

In response to a question from Ann Beasley, Vice Chair of the Trust, Emma explained that prior to Floriana becoming ill she had not known about the children's cancer services at St George's and the Royal Marsden but, having experienced the service firsthand, was now speaking to MPs, local

	<p>schools and telling as many people as possible about the quality of the service and the staff and she was doing all she could to support retaining the service at St George's.</p> <p>The Chairman thanked Emma for coming to the meeting and talking about Floriana's experience and for expressing her support for the Trust retaining children's cancer services. The Chairman then introduced a short film which highlighted the work of the service.</p>
2.1	A review of the Year 2022/203
	<p>Jacqueline Totterdell, Group Chief Executive Officer (GCEO), gave an overview of the highlights of the previous year:</p> <ul style="list-style-type: none"> • The past year had been rewarding but challenging. Jacqueline thanked staff for everything they had done to care for patients. She also thanked local communities and partners across the health and care sector for their continued support for the Trust. The key challenges over the past year had been restoring elective care following the pandemic, the unrelenting pressures on emergency care, the industrial action by staff, and particularly junior doctors, and the increasingly challenging financial pressures. • The Trust cared for a population of over 1.3 million across South West London and 3.5 million across South West London, Surrey, Sussex and beyond. In the past year, 141,400 people had been treated in the Trust's Emergency Department (ED), 193,804 X-Rays had been conducted, 126 renal transplants had been performed, and 5,100 babies had been delivered. Jacqueline highlighted some key moments of the year. These included: Baby Connie, who had been born with a dead bowel but had received pioneering surgery at St George's to address this ultra-rare condition; celebrating Childhood Cancer Awareness Month with many of the children cared for by the team at St George's; the Homelessness Inclusion service going from strength to strength and winning a Parliamentary award; and partnering with three other London trusts and the London Ambulance Service to launch a Critical Care Support Service to enable the sickest patients to be safely moved between local hospitals and specialist centres. • St George's and Epsom and St Helier University Hospitals NHS Trust had been working as a hospital group for the past 18 months, creating opportunities for improved patient care and access to a wider range of services for the patients of both organisations. While the hospitals remained two separate legal entities, the Executive team were leading the two organisations, supported by the sites teams and departments, to improve outcomes for patients. The Board approved a new Group Strategy, published in May 2023, which set out the vision for the Group for the next five years. The Group Strategy was the product of extensive engagement with patients, staff and partners, including members of the Trust's People's Panel, about how the Trust could provide the best possible services, the role it should play in its local communities and across the wider NHS, and how it remained ready to respond to rising demand and ever more stretched resources. The Group was also in the process of integrating many of its corporate services, which would deliver improved back office functions and would release savings which would ultimately help deliver better care to patients.
2.2	Trust Finance Review and Auditors Year-End Report
	<p>Andrew Grimshaw, the Group Chief Finance Officer (GCFO), gave an overview of the audit of the Trust's annual accounts for 2022/23 which had been undertaken by Grant Thornton. He highlighted the following:</p> <ul style="list-style-type: none"> • The Trust had received an unqualified audit opinion on its 2022/23 accounts with no significant matters arising from the audit and an 'unqualified' conclusion in relation to the

	<p>arrangements for securing economy, efficiency and effectiveness in the use of resources. The auditors had also undertaken an extensive value for money audit with no key recommendations made as part of that review.</p> <ul style="list-style-type: none"> • The Trust had delivered a £30m deficit position in 2022/23. This was largely the result of a shortfall in the delivery of Cost Improvement Plans as forecast together with the impact of operational pressures. • The Trust continued to spend on capital resources on improving the IT infrastructure, the estate and medical equipment. This investment had amounted to £60.3m in 2022/23. • In terms of the current year, the Trust had submitted a plan for 2023/24 of £15.7m deficit. The current year was extremely challenging financially with a very significant Cost Improvement Plan target. Despite this, the Trust would be investing a further £60.1m of capital in 2023/24, including £20.1m of Public Dividend Capital from NHS England.
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2.5	Lead Governor Update
	<p>In the absence of Richard Mycroft, Lead Governor, Nasir Akhtar, Public Governor in Merton, gave an overview of the main responsibilities of the Council of Governors and highlighted the following:</p> <ul style="list-style-type: none"> • There were a total of 26 governors on the Council of Governors with the largest group being public governors, who were elected by the Trust's public members. Four staff governors represented medical and dental staff, nursing and midwifery staff, allied health professionals, and non-clinical staff. A number of stakeholder governors were appointed by local bodies such as councils, universities, and Healthwatch. • Governors are volunteers with a wide range of skills and professional and lived experience who look carefully at the performance of the Trust and hold the Chairman and Non-Executives to account for the performance of the Board of Directors and seek to represent the interests of members and the public. • The Council of Governors typically meets five times a year and is chaired by the Trust Chairman. It discusses the work of the Trust with members of the Board as well as raising questions on behalf of members. • Members were encouraged to consider becoming Governors when an election is announced, and further elections were scheduled to take place later in the year. • If people wanted to contact a Governor, they could email governors@stgeorges.nhs.uk.

QUESTIONS FROM MEMBERS AND THE PUBLIC	
3.	<p>The Chairman opened the meeting to questions from members and the public, starting with those submitted in advance of the meeting before moving on to take questions from those present:</p> <ul style="list-style-type: none"> • <u>Has the Trust undertaken an assessment of the potential impact of St George's losing paediatric cancer services to the Evalina Hospital?</u> <p>The Group Director of Strategy, Ralph Michell, explained that the paediatric cancer services was intertwined with a range of wider children's services at the Trust. Paediatric staff across the Trust were involved in caring for children with cancer. Staff involved in delivering cancer care for children were also involved in delivering other pioneering children's surgery, as the earlier example of Baby Connie had demonstrated. There were two big potential consequences should the Trust lose its paediatric cancer service: it would be more difficult to attract and retain the best clinical staff to care for children more generally; and there would be financial consequences as many of the costs were fixed and would be incurred regardless, meaning there would be a knock-on impact on other services.</p> <ul style="list-style-type: none"> • <u>What impact had the industrial action had on the Trust?</u>

The Managing Director for St George's, Kate Slemeck, explained that the industrial action had had a significant impact on the Trust particularly the industrial action involving consultants and junior doctors. A lot of patient appointments and procedures had needed to be cancelled and rescheduled. There were particular pressures on the booking teams which were constantly booking and rebooking patients. The situation was very wearing for all concerned and there was a cumulative impact on staff. The Group Chief Medical Officer, Richard Jennings, added that the Trust was doing everything it could to ensure patients were safe during periods of industrial action, but there was undoubtedly a risk created by the sheer scale of postponed appointments. The Chairman added that there was also a financial cost to the Trust and it was not clear whether additional funding would be forthcoming to offset this.

- How is the Trust responding to the CQC inspection report on its maternity services

The Group Chief Executive Officer, Jacqueline Totterdell, acknowledged that receiving the CQC report had been very difficult. The Trust was very proud of its maternity service which had received very positive feedback from mothers and clinical outcomes in the service were good. The Trust had taken the CQC report very seriously and was taking action to address the issues identified. The Group Chief Nursing Officer, Arlene Wellman, added that an action plan had been developed. All immediate actions required had been taken. The next area to address was around culture and leadership within the service, and ensuring that the right issues were escalated. An external review had been commissioned and would look at the issues and make further recommendations for strengthening the service and for improving quality governance at the Trust and across the Group.

- Why are staff turnover rates so high and what are the key reasons given by staff for leaving?

The Group Chief People Officer, Paul da Gama, explained that the turnover rate for the Trust was currently around 14%. This was around 2% lower than it had been a couple of years before, but it was important to acknowledge that the rate fluctuated. The Trust's location in London was a factor in the level of turnover as staff had a number of other large Trusts nearby they could move to without having to relocate. Wider cost of living pressures also had an effect. Some staff were moving away from London due to the cost of living, and the cost of accommodation for nursing staff had been cited as an example of this. The Trust, like others, had seen turnover rates increase immediately after the pandemic but the rate was now coming down.

- Councillor McCabe, Cabinet Member for Health and Social Care at the London Borough of Merton, expressed his support for St George's retaining children's cancer services. He explained that he had close family connections with the Trust and had seen firsthand the outstanding care that was delivered. He added that he had written to NHS London to express his disagreement with their proposals to move the service to the Evelina Hospital. He maintained that the arguments for retaining the services at St George's stacked up, but the arguments for moving the service elsewhere did not. He also commented that Merton Council would continue raise the issue and do all it could to maintain the service at St George's.

CLOSE

The Chairman formally closed the meeting and thanked the Board, Governors, staff and the community for their continued support. She also thanked everyone for their contribution in making the meeting a success.

St George's University Hospitals NHS Foundation Trust

Annual Report, Accounts and Quality Report 2023-24



St George’s University Hospitals NHS Foundation Trust

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the
National Health Service Act 2006

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Chairman's foreword



With this new strategy, we have a renewed focus on how we will work with staff, partners and the local health system to improve services for our communities and provide outstanding care, together.

It has been a year of progress for St George's University Hospitals NHS Foundation Trust and it is with pleasure that I present the 2023-2024 annual report, accounts and quality report.

It has been widely documented just how challenged the NHS has been over the last year, and at St George's University Hospitals it has been no different. Demand for our services has been at record levels, with more people seeking urgent care, more people waiting for surgery and more people waiting for outpatient appointments. Coupled with industrial action taking place across the country and navigating through a difficult financial environment, it has understandably been busy time. What has struck me, however, has been how our staff have responded to this sustained pressure with professionalism, and where we have made mistakes, we have taken steps to learn and improve. For this, and so much more, I am extremely proud of each and every one of them.

Despite these challenges, the Trust, and the wider St George's, Epsom and St Helier University Hospitals and Health group, have been making meaningful progress. Its direction took a leap forward with the publication of our new five-year strategy in May 2023, setting out our ambition for 2028 across four domains:

- collaboration and partnership,
- affordable healthcare, fit for the future,
- right care, right place, right time, and
- empowered, engaged staff.

With this new strategy, we have a renewed focus on how we will work with staff, partners and the local health system to improve services for our communities and provide outstanding care, together. We're already seeing the benefits of this closer collaboration, with greater opportunities for teams across the group to share expertise that has had real benefit to patients and staff, and this is set to continue for years to come.

I would like to thank our staff, our Board, Governors, and members for their unwavering commitment to the Trust and to helping improve the lives of our local communities. I would also like to thank St George's Hospital Charity for supporting our patients and staff, and look forward to another year of progress.

Gillian Norton OBE DL
Chairman

27 June 2024

About us

Since the opening of the original St George's Hospital on Hyde Park Corner in 1733, St George's has built an international reputation for quality of care, education, research and medical advances.

We share our main hospital site in Tooting with St George's, University of London, and together we train future generations of the NHS workforce.

Our organisation is large – with more than 10,000 staff – but retains a strong sense of community. We have strong links with the local populations we serve, but are also recognised nationally and internationally for being a leader in research and innovation. This enables us to attract staff from all over the world.

In February 2015, St George's became an NHS Foundation Trust. In January 2022, St George's became part of a group with neighbouring Epsom and St Helier University Hospitals NHS Trust to form the St George's, Epsom and St Helier University Hospitals and Health Group (gsh). While continuing to operate as separate, sovereign trusts, the organisations and our teams work increasingly closely with shared goals.

As an individual Trust, and the largest healthcare provider in south west London, our two hospital sites at St George's Hospital and Queen Mary's Hospital in Roehampton serve a population of 1.3 million across south west London. As a provider of many tertiary services, such as neurosciences and paediatric medicine, we also offer care for significant populations in Surrey, Sussex, Hampshire and beyond, totalling around 3.5 million people. Even further afield, we provide care for patients from across the south west of England in specialties such as complex pelvic trauma. Other services are even more specialist, and our family HIV care service and expertise in bone marrow transplantation for non-cancer diseases mean we treat people from across the country.

St George's is one of the four major trauma centres for London, and home to a hyper acute stroke heart attack centres. We operate one of London's four helipads, which means we treat some of the most unwell and severely injured patients from across the south of England.

We are a major centre for cancer services: St George's Hospital is one of only two designated children's cancer centres in London, and the seventh largest centre for cancer surgery/chemotherapy in London. We are one of London's largest children's hospitals, with one of only four paediatric trauma units in London, and our children's services are rated Outstanding by the CQC.

St George's Hospital also hosts the only paediatric intensive care unit in south west London. We are one of the top three centres for specialist paediatric surgery in London, and a centre of excellence in foetal medicine.

St George's is a major centre for neurosciences, and is the third largest provider in London for neurosurgery. We also offer many innovative treatments for patients – for example, we were the first centre in the country to provide a 24/7 mechanical thrombectomy service, which involves surgically removing blood clots from the brain for patients who have had a stroke. Many of our services are also part of established clinical networks, which bring together clinicians and support staff from a range of healthcare providers to improve the quality of services for patients.

Our vision, priorities and objectives

On 15 May 2023, we launched our new five-year strategy for St George’s, Epsom and St Helier University Hospitals and Health Group.

Our vision for 2028 is to provide outstanding care, together.

We have identified four overall aims for 2028 – our CARE objectives. These are the things we care about the most and will be central to achieving our vision.

- **C**ollaboration and partnership
- **A**ffordable services, fit for the future
- **R**ight care, right place, right time
- **E**mpowered, engaged staff

In all this, everything we do will be driven by our patients.

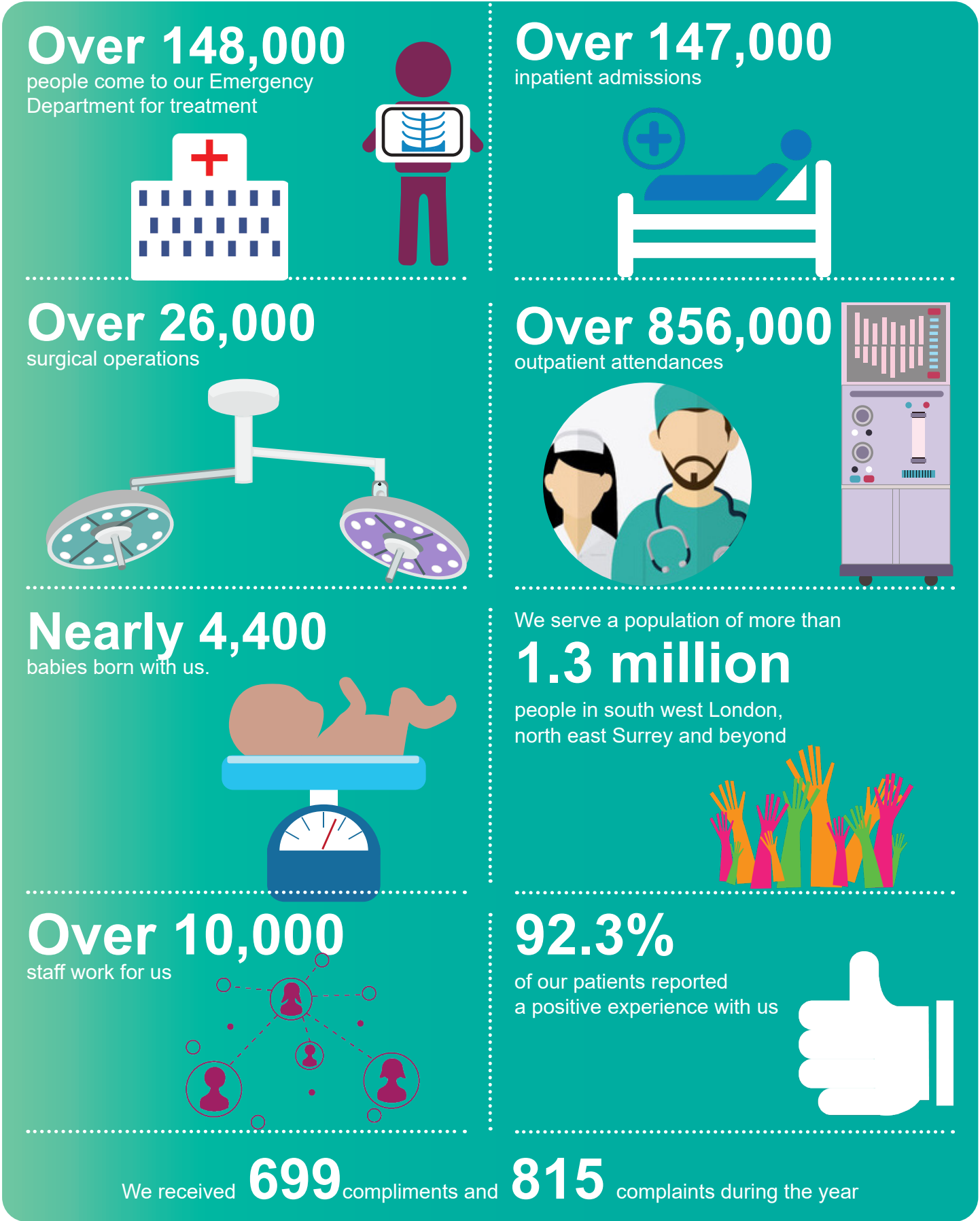
Our vision for 2028



Everything we do driven by our patients

A year in numbers

From 1 April 2023 to 31 March 2024, we saw:



Highlights of 2023-24 for St George's University Hospitals NHS Foundation Trust

April 2023



More than one-million people tune in to ITV's Lorraine during Bowel Cancer Awareness Month to watch St George's highlight the importance of screening

The Adult Critical Care Emergency Support Service (ACCESS) – a pioneering partnership between NHS trusts in London, including St George's – launches

Young people and their families – including cardiac arrest survivor Joel and five-year-old leukaemia patient Jackson – thank our teams for their care

We launch our five-year Group strategy, committed to providing outstanding care, together, for the people of south west London, Surrey and beyond
We celebrate International Nurses' Day and International Day of the Midwife in our hospitals

June 2023



We see record-breaking demand, as more than 1,250 people go to one of St George's, Epsom and St Helier's three emergency departments for the first time ever in one day

We mark the third national Thank You Day by paying tribute to the 17,000 staff working across our Group

May 2023



July 2023



The NHS celebrates its 75th birthday – and we mark the occasion in our hospitals
Charmaine Angela Case, a Clinical Nurse Specialist at St George's, wins the prestigious Lifetime Achievement Award at the NHS Parliamentary

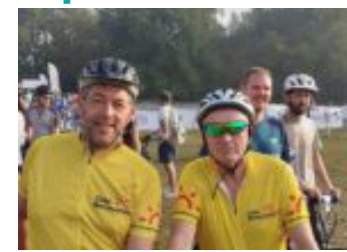
August 2023



Channel 4's Emergency – which features St George's – returns for a second series

We open St George's new Major Trauma Ward to provide designated specialist care

September 2023



A team of our medics taking part in the London to Brighton bike ride for St George's Charity save the life of another cyclist by performing CPR when he goes into cardiac arrest

NHS England (London and South East regions) launches a consultation into the future of children's cancer services – with St George's one of two options

We unveil our ambitious plans for one of the largest renal services in the country

Our Group marks the first Daphne Steele Day as part of our Black History Month celebrations

Baby Zak – whose rare cancer symptoms were spotted early thanks to eagle-eyed medics at St George's – marks his first birthday

October 2023



November 2023



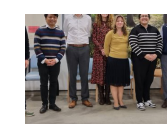
Former children's cancer patients – including Megan and Daniel – speak about the outstanding care they received at St George's

We share our response to NHS England's (London and South East regions) consultation into the future of children's cancer services



December 2023

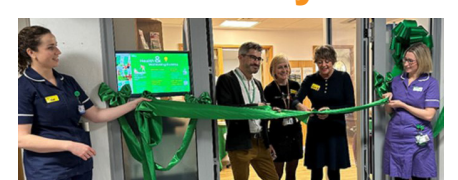
January 2024



Our Atkinson Morley Neuromuscular Centre at St George's receives national recognition from the charity Muscular Dystrophy UK

A game-changing treatment called CAR-T rolls out at St George's, bringing hope to eligible blood cancer patients
New and refurbished Macmillan support centres open for cancer patients at St George's and Queen Mary's hospitals

February 2024



March 2024



Trauma physios and patients at St George's are featured on national and regional TV after trialling virtual reality headsets to boost recovery

Performance report

In this section, we set out progress against our strategic objectives and an overview of the key risks to the delivery of our objectives.



Annual performance statement from the Chief Executive



I reflect on this last year with a great sense of pride. We have achieved many things in such a short time; however, despite these many achievements, there is room for improvement. We face significant operational and financial challenges like most other hospitals nationwide. The combination of inflation, increased demand for our services and stretched capacity has put considerable pressure on our services.

To address these challenges, we have set strategic priorities which underpin our 'CARE' ambitions for 2028: to enhance our collaboration and partnerships, provide affordable healthcare fit for the future, and provide the right care at the right place and right time while ensuring we have empowered, and engaged staff.

February marked the second anniversary of working as 'gesh' (St. George's, Epsom, and St. Helier University Hospitals and Health Group), and we continue to see the benefits of working at scale: maximising our capacity and ability to improve health outcomes in the community, reducing operating costs, and enhancing the patient experience.

While this approach has proven to be a key driver of our success, it has not been without challenges. We are asking leaders to implement complex changes while simultaneously responding to major financial, operational, and quality challenges, so we are taking a thoughtful, phased approach to integration to ensure we get it right.

Over the past year, we have met and exceeded critical targets, such as ensuring the national ambition that no more than five per cent of patients wait longer than six weeks for their diagnostic test and achieving the national standards relating to cancer waiting times for faster diagnosis. Additionally, our performance against the four-hour A&E target has been relatively stable and in line with the national target of 76 per cent. This was achieved against a backdrop of significant pressure on beds and staffing.

At the same time, there are areas we need to improve on. Some patients are waiting longer than 12 hours from arrival at the emergency department, and the elective care waiting list size has broadly remained unchanged, with a median wait of 12 weeks. Additionally, we did not achieve the key national cancer waiting times standards in 2023-24.

With every development, we continue to learn, adapt, and embed new ways of working so that the quality of our care and performance becomes stronger and more sustainable.

We have set greater ambitions for this next year, and I look forward to working with our staff, partners, and communities to help make this a reality. With so much to look forward to, I am sure St George's University Hospitals will continue to thrive.

We couldn't have had any of these achievements this year without our people, partners, and public support. I especially want to thank our dedicated staff, who go above and beyond to provide quality patient care.

Thank you for taking the time to read our annual report; we look forward to your continued support of our hospitals.

With best wishes,

Jacqueline Totterdell
Group Chief Executive

27 June 2024

Performance analysis



As an NHS Foundation Trust, our principal purpose, defined in legislation, is the provision of goods and services for the purposes of the health service in England.

In practice, that means providing care and treatment for patients across south west London, Surrey, Sussex and beyond.

The Trust is led by the Board of Directors which is accountable, through the Chairman, to NHS England and NHS Improvement and to our Council of Governors. It has a site leadership team, responsible for the day-to-day running and operational decision making of its services.

St George's is structured into three clinical divisions, each led by a Clinical Chair, supported by a Divisional Director of Operations and Divisional Director of Nursing and Governance:

- Medicines and Cardiovascular Division.
- Surgery, Neurosciences, Cancer and Theatres Division.
- Children, Women's, Diagnostics and Therapies Division.

Collaboration and partnership

In our strategy we set out our vision that by 2028 gesh will be a driving force behind the most integrated local system in the NHS – working with GPs, local government and community partners to keep people well in the community, integrating services across the gesh group, collaborating with other hospitals in south west London on shared services, elective recovery and financial sustainability, and working through regional networks to integrate our tertiary services with primary and secondary care.

- Work with partners to improve local people's health.
- Collaborate as gesh for consistent, high quality care.
- Work with other local hospitals.
- Work with partners to join up care for specialised services.

Collaboration across the group



Corporate services integration

After more than a year of working together informally, during 2023-24 St George’s, Epsom and St Helier University Hospitals and Health Group have taken the next major step in the Group’s formation integrating some of our corporate service departments.

The group successfully merged the Corporate Affairs, Communications, and the Deputy CEO department. helping to streamline processes and deliver around 10 per cent of savings on current costs.

Corporate nursing and medical teams from both Trusts have also started to integrate with plans for people, finance, estates and facilities and IT departments to become group teams over the coming years.

Clinical services integration

Alongside corporate service integration, we have been exploring ways to maximise the benefits of working in a group for clinical services. Below are some of the ways we have begun this work.

Renal development programme

Together St George’s and St Helier Hospitals provide one of the largest renal services in the UK, with a range of services for people with kidney conditions across south west London, Surrey and its borders.

We plan to improve how we deliver in South West London and Surrey by bringing them into a new joint renal unit on the St George’s site; bringing together national leaders in renal medicine and transplant surgery. This will bring together the St George’s site. This brings together national leaders in renal medicine and transplant surgery, and will use the strengths of both services to increase opportunities for research, education and training.

This will bring together the St George’s site. This brings together national leaders in renal medicine and transplant surgery, and will use the strengths of both services to increase opportunities for research, education and training.

Our proposed plans mean we will locate the acute inpatient and day case elements of renal services provided at both St George’s and St Helier Hospitals together. We will continue to provide outpatient and haemodialysis services at St Helier and the existing range of locations across south west London and Surrey as they are currently provided.

If our proposals are accepted, then we could commence construction of the new facility in 2025, with a view to running services from there in 2027.

Paediatric gastroenterology service

Our paediatric gastroenterology service is delivering better care to our population with a combined consultant attending rota across St George’s University Hospitals and Epsom and St Helier University Hospitals and patients moving seamlessly across our sites to make sure that they receive the best care possible in the most appropriate place.

Urology

Our urology teams across our group of hospitals have worked to create a more effective service to treat patients with enlarged prostates. This includes providing high quality surgery to more patients across more of our sites, such as holmium laser enucleation of the prostate (HoLEP). This type of surgery is a minimally invasive, specialist surgical technique to help improve urine flow for patients.

Pharmacy integration

The pharmacy teams are collaborating more closely across gesh – and staff are already beginning to see the benefits. With opportunities for training and development being developed across the group, the number

of training sessions available for trainee pharmacists has increased and the team are working hard to expand offers for other cohorts within the pharmacy team. Elsewhere, joint recruitment efforts have started across the group, and this is laying the basis for rotational roles that could see staff moving between sites at Epsom and St Helier Hospitals and St George’s Hospital.

As we move into 2024-25, we are examining how we can deepen and broaden our clinical collaboration to make sure that patients can benefit from the fully combined resources that our group has to offer. Teams are also looking at how to deliver antimicrobial advice, medicines information, medicines safety more effectively across the group.

In addition to the integration that is already being undertaken, we are developing joint clinical strategies for the first time – starting with paediatrics, surgery and pharmacy. These strategies will guide our collective clinical agenda for the next five years and will focus on how we can deliver better care to our patients and a better experience for our staff.

Collaboration with other hospitals

Acute Provider Collaborative

The South West London Acute Provider Collaborative brings together NHS trusts providing hospital and community services in south west London (Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust and St George’s University Hospitals NHS Foundation Trust). It has enabled us to make better use of NHS funds (e.g. through joint procurement), and deliver better services for our patients. For instance, South West London has some of the lowest waiting times for elective care in the country.

Over the past year we have benefited from a range of joint clinical support services and joint corporate functions, building on successes to date such as South West London Pathology, the South West London Procurement Partnership and the South West London Recruitment Hub.



Collaboration with partners to join up care for specialised services



The way in which specialised services are funded is changing. Previously, providers received funding for specialised services through a single contract from NHS England (NHSE), with no relationship to patient residence. NHS England will delegate specialised services commissioning to ICBs from April 2025. This will change how we plan, get paid for, and provide these services, creating greater integration as specialised health and more local budgets are merged. This means that money follows the patient, rather than the provider. In South West London this funding is currently being managed by the South London Office of Specialised Services (SLOSS) which represents a collaborative approach across the two South London integrated care systems (ICs) and the four specialist provider NHS trusts, of which St George's is one.

By working together through SLOSS we are influencing the transformation care across settings including Chronic Kidney Disease (CKD) prevention for renal, Blood Borne Viruses testing in Emergency departments and Neurology:

Chronic kidney disease prevention for renal

St George's Hospital hosts the London Kidney Network which has developed ways for patients to be treated that help prevent chronic kidney disease (CKD) across London and Surrey. This has led to the Network publishing the Primary Care CKD early identification and optimisation pathways, setting the standard for this kind of treatment.

Testing for HIV, hepatitis B and C in our Emergency Departments

Around 80% of people who come to one of our Emergency Departments get tested for HIV, hepatitis B and C in a programme that now asks people to opt-out of getting tested rather than opt-in. This has led to more than 800,000 tests carried out, helping to reach communities known to not access traditional testing.

Chronic neurology

The Neurology department has led a data-led population health approach to designing and testing new integrated neurology services across South West London and Surrey Heartlands. This has enabled network collaboration to transform complex pathways for neurology patients, delivering single point of contacts and providing care closer to home.

Collaboration with partners in our local communities

Part of being a well-led organisation means being a proactive partner as well as a system leader in the wider health and care system. Some of our most significant partnerships are outlined below.

Safe discharge of our patients

Collaborating with our partners continues to be a priority and part of our work to ensure our patients are able to move to appropriate care once they are safely discharged from our hospitals.

We have now launched an Integrated Care Transfer Hub who work on a patient-by-patient basis with all of our partners to get people home safely. They help to identify patients who require more support with onward care – including the very frail and elderly – ensuring a holistic approach is taken whilst prioritising their discharge from hospital.

We continue to build on the success of previous schemes, including our increasing use of virtual wards, and are working to increase use of Hospital at Home, and home-based rehabilitation schemes for assessments of patients who arrive at our Emergency Department to avoid admission to hospital.

We monitor performance against a number of metrics, some of which are monitored in real time by our integrated operations centre, should performance decline or numbers of patients with complex discharges increase we will host multi agency discharge events with our system partners to support and resolve some of the discharge challenges we face.

South West London Integrated Care System

We continued our work as a key partner within the South West London Integrated Care System, which is where the NHS, local councils, and the voluntary sector come together to deliver better care for the people of the region. At system level, the Trust has been involved in work on tackling health inequalities, and elective care. We are also active in Merton and Wandsworth health and wellbeing boards and

place-based health and care together meetings.

West London Cancer Alliance

St George's University Hospitals NHS Foundation Trust and Epsom and St Helier University Hospitals NHS Trust continue to be active members of RM Partners, the West London Cancer Alliance hosted by The Royal Marsden. As partners, St George's and Epsom and St Helier have access to the national cancer funding to support innovative transformation projects which help improve survival and quality of life for local people.

Operational Delivery Networks (ODN)

We are continuing to collaborate with partner hospitals through Operational Delivery Networks (ODNs) which focus on coordinating patient pathways between providers to make sure patients have access to the specialist support and expertise they need.

London ODNs we are part of include critical care, major trauma, renal, Hepatitis C, and neurosciences.

South East Genomic Medicine Service Alliance

In December 2020, the South East Genomic Medicine Service Alliance (GMSA) was established as part of a network of seven GMSAs commissioned by NHSE/I to support the embedding of genomics into mainstream healthcare. Dr Frances Elmslie, consultant in genetics at St George's, is the Clinical Director of the NHS Southeast GMSA. The alliance works to deliver equitable and consistent access to genomic testing across south London, Kent, Surrey, and Sussex. St George's has a widely respected regional genetics service, and we continue to work collaboratively to benefit the region's patients.

Clinical Research Network (CRN)
South London

CRN South London is part of the National Institute for Health Research and helps to increase opportunities for patients to take part in clinical research, which will lead to better treatments now and in the future. Our Chief Executive, Jacqueline Totterdell, is Chair of the Clinical Research Network (CRN) South London Partnership Board.

St George’s Hospital Charity

In November 2021 St George’s Hospital Charity launched a major new appeal called ‘Time for a Change’. It aims to raise £5m for facilities in our children’s services at St George’s. By March 2024, the appeal had reached its important halfway stage raising £2.4m. Many staff and loyal supporters of St George’s signed for challenges, organised their own fundraising events and became Time for a Change Champions. The charity also held its Annual Gala Dinner, raising over £200,000 in 2023.

Challenge events during the year raised more than £130,000. These continue, and include the London Marathon, Skydiving, Abseil for George’s, and the Royal Parks Half Marathon. A significant contributor was the London to Brighton Cycle, which raised more than £55,000 thanks to 80 fundraisers. Community fundraising activities raised over £270,000 for St George’s Hospital Charity through fundraising events and initiatives organised by local individuals, community organisations, schools, and companies.

The Charity has also focused on expressing gratitude to our staff. It has funded projects that focus on improving staff wellbeing, such as the new garden space at the Rose Centre for staff to relax in. In December, it ran ‘Christmas on Us’, providing staff working over the festive period with a free hot meal. The annual Arts Week in June 2023 was another success, treating staff and patients to live music, dance, and visual arts throughout the hospital.

Principal Treatment Centre (PTC)
for Paediatric Cancer in
South London

For the past 25 years, St George’s University Hospitals (SGUH), in partnership with the Royal Marsden, has been the Principal Treatment Centre of children’s cancer services for South London and large parts of the south east of England.

In September 2023, NHSE launched a public consultation on the proposed future location of the PTC in our catchment. Two options were considered: SGUH in concert with the Royal Marsden and the Evelina London Children’s Hospital. Following a public consultation and options-appraisal process, on 14 March 2024, NHSE selected Evelina London Children’s Hospital as the future PTC location for children’s cancer services. This move will take effect in October 2026 at the earliest.

We continue to work alongside the Royal Marsden to provide outstanding care to children and young people with cancer.

Affordable healthcare,
fit for the future

We will make our services sustainable for future generations. By 2028, we will have taken the difficult action required to break even each year financially. We will have reduced our carbon footprint, and be on our way to net zero by 2040. We will have modernised key parts of our estate, and made major strides in adopting digital technology. Additionally, we will be a thriving centre for research and innovation, playing our part in the development of tomorrow’s healthcare.

- Ensure our services are financially sustainable.
- Minimise our impact on the environment.
- Improve our estate.
- Adopt digital technology.
- Develop new treatments through research and innovation.

Financial recovery: how we plan to reduce our financial deficit

The NHS is facing significant financial challenges and hospitals across the country must find ways to live within their means, while protecting patient care. Rising costs, growth in our workforce, less productivity following the pandemic and not making enough savings means the NHS is currently spending more than it is budgeted for.

This is no different at St George's University Hospitals, and the wider gesh group, where we must keep our patients safe and balance this with meeting expected performance standards, reducing our deficit and supporting our workforce. Like all trusts, we need to reduce our spending and have been making a concerted effort to address these significant financial challenges while maintaining patient care.

We have been:

- Working to reduce our workforce back to pre-Covid numbers through not always filling posts when they become vacant, where it is safe to do so.
- Looking at our processes to see where we can be more streamlined and ensure everything we do adds value to our patients.
- Working together with our NHS colleagues across south west London (SWL) to help ease the pressure on hospital services with more care available out of hospital to reduce delays for patients.

The financial challenges will continue into next year and we will be working as a group to become more efficient, deliver financial savings while working hard to improve the quality of our care.



Investing in our estates

St George's new Major Trauma Ward opens and welcomes first patient

St George's is a certified Major Trauma Centre for the South West London and Surrey Major Trauma Network, and we opened our new fully refurbished and purpose designed Major Trauma Ward, replacing Holdsworth Ward, last year in August. The new ward provides a dedicated place for major trauma patients to get the skilled multidisciplinary care they require to begin their recovery. Our major trauma service is managed by trauma and orthopaedics, with support from a variety of surgical and other specialties on-site, including neurosurgery, general surgery, thoracic surgery, orthogeriatrics, plastics, max fax, vascular surgery, and ear, nose and throat surgery.

Microbiology services now centralised at St George's Hospital

In June 2023, the majority of South West London Pathology (SWLP) microbiology services for south west London and Surrey Downs were consolidated at St George's Hospital, resulting in a big and resilient microbiology service for primary and acute care in the region. This consolidation was carried out in order to provide a more robust

microbiological service to all service users. SWLP is investing in cutting-edge technologies to future-proof its microbiological services. They will also invest in people by providing training and staff development. The end result will be one of the largest and most complete microbiology services in the country, with the ability to provide an ever-expanding repertoire. This move is part of a programme of work to consolidate pathology services across south west London, following the expansion of the SWLP partnership to include Epsom and St Helier University Hospitals.

Support centres for patients living with cancer

Our new and refurbished support centres opened for cancer patients at St George's and Queen Mary's hospitals, giving them access to more support. The £210,000 investment, funded by the national charity Macmillan, means it can help even more cancer patients during their time of need.

MRI and Cath Labs

Huge progress was also made on major capital projects such as a new MRI machine and Cath Labs. Both projects have been completed and are now open and in use.



Improvements in digital

The Trust continues to take steps to have the right digital infrastructure to deliver outstanding care for patients, and modern, high-quality facilities for staff.

At St George’s there has been a particular focus on delivering improvement aligned to the electronic patient record (EPR) Programme. For example, capacity management to improve patient flow, orders to scheduling to support more efficient booking of patients and the delivery of the significant security matrix project to ensure staff have the right levels of access to EPR and reduce clinical risk.

Against a background of operational pressures and a challenging financial position, we have continued to invest in improving a number of priorities:

- continuing to upgrade and improve the resilience of our network infrastructure
- development of business intelligence information tools to support divisional performance
- improving cyber maturity aligned to sustainable resourcing.

As the group’s corporate services have begun to work more closely together and integrate, our IT team has helped to make sure that the transition has been as smooth as possible. The digital workstream has focused on supporting staff to access email and intranet services via devices at any of the group’s hospitals or community sites, whilst enabling staff to search and add users to Microsoft Teams groups as the primary collaborative approach. Development of wider integration of technologies, email systems and applications is currently undergoing assessment and analysis.

Innovative CAR-T treatment for cancer patient

A “revolutionary” treatment called CAR-T which uses a person’s own cells to attack their cancer – was rolled out at St George’s Hospital starting in February 2024. It’s considered to be highly effective – with about 50 to 70 per cent of patients responding positively when offered it – and is offered to certain adults with blood cancers, including lymphoma and leukaemia.

It’s expected to be offered to 20 patients in the first year, with more in the years that follow. The treatment is short and highly personalised and offers real hope of a longer and better quality of life.

Additional staff including a new consultant, quality manager and clinical fellow, have been recruited to help deliver the CAR-T therapy, while existing team members have undergone additional training. Cementing its status as a renowned teaching hospital, specialist teams will also collect and analyse data, to help drive research forward.

A key aim for St George’s is to provide outstanding cancer care to people across the region as a leading cancer centre. One way this will be achieved is by offering ground-breaking and emerging treatments for patients. CAR-T therapy is a highly complex and innovative treatment that is not offered by many hospitals.

Virtual reality headset training

Virtual reality is being increasingly used across our hospitals to support and treat patients. Trauma patients at St George’s Hospital recently started using headsets during physio sessions to boost their recovery.

St George’s is believed to be the first place to use virtual reality in a major trauma setting, and feedback so far has been very encouraging – with those who have used it saying it helps them to move through pain. It’s also a good way to distract and entertain.

Right care, right place, right time

We will offer high-quality care to our patients. In 2028, waiting times for our services will be among the best in the NHS, and we will have an outstanding safety culture, delivering lower than expected mortality rates and a reduction in avoidable harm. We will also be improving outcomes and patient experience, and working with our partners to tackle health inequalities in our communities.

- Reduce waiting times.
- Improve patient safety.
- Improve patients’ outcomes and experience with us.
- Tackle health inequalities.

Innovations and challenges in managing patient flow

Our hospitals continued to operate under extreme pressure over the year. In January 2024 we saw numbers attending our Emergency Departments exceed 1,000 across St George's, Epsom and St Helier on at least two occasions over 24 hours. We have reviewed our own processes for admission and discharge to make sure that we are doing all we can to reduce the burden on the Emergency Department and to improve patient flow. Innovations have included:

- Placing a senior clinician in triage (at the point of entry to the Emergency Department) to facilitate re-direction of patients to appropriate alternative care pathways.
- Mutual aid has been put in place between Merton and Wandsworth and Sutton whereby acute providers have assisted each other in periods of high demand by offering to take patients or freeing up beds. This has helped to reduce longer waits for surgery and the management of pressures on services, including our emergency department.
- Same Day Emergency Care (SDEC) services are being enhanced and extended , especially for people with frailty (accounting for a large proportion of our attendances) and those patients on a surgical pathway.

At St George's, mental health related attendances to our Emergency Department have increased by approximately 25% since 2021. These patients are not in the right setting for their mental health needs whilst waiting for a suitable placement to be found. Patients are continually assessed by the hospital based mental health liaison team and further work with the local mental health trust is underway to reduce unnecessary admissions and to consider how length of stay in our Emergency Department can be reduced.

Intensive care unit expansion

We are creating approximately 20 additional Intensive Care Unit (ICU) beds at St George's (including 12 single rooms of which four will be isolation rooms) as part of a London-wide expansion of ICU capacity. The new build will be located on the Atkinson Morley Wing car park and is currently scheduled to be completed by Spring 2025.

Making improvements in our maternity services

Last year, caring staff delivered around 4,400 babies at St George's University Hospitals. Our staff work very hard to put women and birthing people at the heart of everything they do, and this is reflected through the CQC national patient experience maternity survey which rated St George's as receiving the joint second highest patient satisfaction levels nationally in 2023.

In August 2023, the CQC published their inspection report of maternity services at St George's University Hospitals NHS Foundation Trust.. While there were positives in the feedback, the CQC rated our maternity service at St George's as inadequate, highlighting issues around staffing levels, triage processes, estates and facilities, and governance. We take all the CQC findings extremely seriously and accept that the standards in our maternity care have fallen below what we expect.

We took immediate action and have made a number of improvements in our service. This includes:

- Recruiting over 20 new midwives and carried out a comprehensive review of our staffing levels, making the necessary adjustments to align with these findings,
- Introducing a live video translating service to maximise every opportunity for our non-English speaking women to be supported,
- Improving our governance and processes,
- Reviewing how we manage serious incidents so that they are in line with national guidelines.

We continue to be a safe environment for childbirth - as demonstrated by the consistently positive clinical outcomes that are subject to routine monitoring and national reporting.

The Board is dedicated to supporting our maternity colleagues to continue to deliver the best possible care to all those using our services. Our focus now is on implementing and sustaining the improvements in our maternity services.

Atkinson Morley Neuromuscular Centre Excellence Award

In January 2024, the hospital's Atkinson Morley Neuromuscular Centre was given a Centre of Excellence award from leading national charity Muscular Dystrophy UK to acknowledge the care it provides – as well as its work in promoting best practice and demonstrating commitment to improving patient health.

There are more than 60 muscle-wasting and weakening conditions affecting 110,000 people across the UK. Many of these conditions get worse over time, and can cause difficulty walking, swallowing and breathing.

The service provides a holistic multi-disciplinary and multi-professional support for people living with a muscle-wasting or weakening condition. The award recognises not just the neuromuscular service but also the close collaborative working with colleagues in other specialties such as respiratory medicine, cardiology, genetics and integration with local community teams.

Patients have praised the experience of receiving treatment at the centre, including the support and compassion provided by staff.

Helping to reduce health inequalities

We have identified tackling health inequalities as part of one of our nine strategic initiatives in our new group strategy. This will mean working with our partners to actively pursue a more strategic and systematic approach, making reasonable adjustments to the way care is provided to ensure we are not further embedding health inequalities.

We commissioned research to help us understand how best we can contribute as an acute provider to the wider efforts across our local health system to improve health inequalities. From this, we have developed plans to improve how we use our data to understand health inequalities as well as specific steps we can take to play an active role and make every contact count. This work is being overseen by our Executive and Quality Committee.



Equality of service delivery to different groups

Improving mental health care

It's incredibly important to everyone at St George's that we make meaningful improvements to making access, experience and outcomes better for those requiring mental health care at St George's; it is a priority.

Over the last five years there has been an increase in children and adults accessing A&E due to poor mental health. To meet national standards outlined in the NHS Long term plan, we have created a bespoke mental health team embedded within our emergency department to improve access to mental health care sooner.

The team is working with South West London and St George's (SWLStG) to build and improve the services we offer so that those who come to A&E with mental and physical health conditions can access timely, right care in the right place with excellent outcomes.

Care for people with learning disabilities

In 2023-24, there has been good progress on improving the care for people with learning disabilities. This includes:

- Using 'flags' on our electronic patient record to identify people with a learning disability, which supports colleagues to be aware of potential additional requirements, and helps us monitor rates of readmissions.
- Providing support and guidance to teams on providing reasonable adjustments.
- Helping patients with learning disabilities have access to entertainment stations at their bedside. This work has been supported by St George's Chariry.
- Introducing a Learning Disabilities Champions training morning for clinical staff to better support people with a learning disability to access care.
- Marking Learning Disability Awareness week with a networking event for patients, staff, support services and Project Search.

- Using the expertise of the learning disability patient participation group to review outpatient appointment letters and creating easy-read leaflets.

Public Sector Equality Duty Report (PSED)

Each year public bodies, subject to section 149 of the Equality Act 2010, are required to publish equality information. This summary of equality information should demonstrate how we complied with the 'general' and 'specific' duties of the public sector equality duty (PSED). The PSED Report incorporates information in relation to both Patient and Workforce equalities. Along with other local data, the PSED uses information from standalone equality reports such as Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). It also includes the Gender Pay Gap data and our Equality Delivery System (EDS).

In relation to Patient or Health Equalities, we are asked to spotlight any services that help to demonstrate compliance with both the general and specific duties of the PSED.

Our PSED report was approved in July 2023 and published on our website: www.stgeorges.nhs.uk/about/living-our-values/equality-diversity-and-inclusion/human-rights-and-equality.

Our duties relating to Workforce reporting can also be found on this page.

Empowered, engaged staff

To square the circle of delivering improvements in quality of care while taking difficult decisions to make our services sustainable for the long term, we will need to make best use of our greatest asset – our highly skilled, committed workforce. Our vision is that by 2028 gesh will be among the top five acute trusts in London for staff engagement. This will involve getting the basics right for our employees, putting staff experience and wellbeing at the heart of all we do, fostering an inclusive culture that celebrates diversity and embeds our values, developing tomorrow's workforce, and supporting our staff to work differently.

- Get the basics right for all our staff.
- Improve staff wellbeing.
- Ensure our culture is inclusive and driven by our values.
- Develop our workforce for the future.
- Embrace different ways of working.

At St George’s we are committed to being an employer of choice, offering an excellent working and development environment. One of our main four aims set out in our new group strategy is ‘empowered and engaged staff’ and we recognise that our key quality and financial objectives can only be achieved through the contribution of a well-led and happy workforce.

We are continuing to implement the ‘Big 5’ priorities which were defined in 2023 in response to the NHS staff survey. Results in 2024 reinforce that these are the ongoing areas of focus. You can read more about our Big 5 in the staff survey section of this report.

We have continued to strengthen our culture, driven forward by our culture, equity and inclusion (CEI) programme boards at local site and group level, chaired by the site managing director and Group Chief Executive respectively.

The key pillars of our culture programme are:

- 1. civility and psychological safety
- 2. keeping people safe: Addressing bullying and harassment and violence and aggression
- 3. compassionate leadership
- 4. inclusive team work
- 5. high performing teams.

You can read more about this in more detail below.

Staff engagement

We understand the importance of engaging with our staff, and we know that an engaged workforce delivers better patient care. We are committed to developing a modern and flexible workforce and making use of new and innovative roles to support the delivery of outstanding patient care. As part of this, we are stepping up the ways in which we recruit, retain, train, develop and educate our staff and we recognise that effective staff engagement underpins this.

As an organisation we are committed to involving staff in decision-making, engaging them in the performance of the Trust, and keeping them informed of changes across the organisation. We work hard to ensure that our people are fully engaged in the organisation.

Increasing staff reward and recognition programmes

How valued our staff feel at St George’s increased by 2% this year to 41% in 2023 NHS survey – bringing the Trust closer to the national average with continued improvements still to be made.

Like trusts across the country, many of our staff awards and larger recognition events were paused during our response to COVID-19, but we are determined not to let the contribution of our staff go unnoticed.

Every month, the achievements of our teams are highlighted at Executive Question Time (EQT), and Trust Managing Director, Kate Slemeck, also brings the Trust’s senior leadership team together to focus on the pressures and priorities, including taking action in response to what staff say in the annual NHS survey.

During the year, the Trust launched the Random Acts of Kindness project, where individuals and teams were thanked and celebrated for living by our Group values to provide “Outstanding Care, Together.” Our latest initiative, launched in March 2024, aims to celebrate inclusivity and the different skills, backgrounds and staff roles that make our services possible. Our Team gesh Staff Stories spotlights a different colleague from across the group to make them the star of staff communication and social media channels, including Maria Fernandez, Lead Renal Transplant Nurse at St George’s, which viewed more than 6,000 times.

Looking forward, we are developing an ambition reward and recognition strategy to improve how we show our appreciation of staff consistently across the group. This includes: the return of formal staff awards, such as long service recognition, in 2024/25; greater support for managers to informally celebrate achievements at all levels; and daily recognition to show our appreciation for the difference our staff make every day.

Staff benefits

Our ongoing efforts to align staff benefits across the entire organisation are yielding positive results. Recent work at St George’s has seen successful alignment with Epsom and St Helier, and noteworthy benefits include a comprehensive car scheme, staff discounts, cycle to work schemes, childcare vouchers,

tech benefits, dental insurance, gym memberships, and participation in the Blue Light Card program.

Delivery of our culture and leadership programme

In 2023, we introduced a leadership programme to ensure all leaders are confident and empowered to lead with compassion, authenticity, and inclusivity, driven by our core values and vision in support of our strategic aims.

The programme is an opportunity for leaders from across our organisation to learn together and create positive relationships and while strengthening our culture, staff engagement and morale.

The programme covers four topic areas:

- Module 1 - Leading self and teams
- Module 2 - Leading change and innovation
- Module 3 - Leading for high performance and conflict resolution
- Module 4 - Leading the operation
- Module 5 - Leading in the SGUH/ESTH system

As we continue to evolve and adapt to meet the changing needs of our workforce, one thing remains constant: our dedication to cultivating a workplace where every individual feels valued, supported, and empowered to thrive. Together, we will continue to uphold our commitment to staff engagement, recognising that it is the cornerstone of our success in delivering outstanding patient care now and in the future.

Staff voice and participation

Our range of well-established staff voice and participation channels include regular briefings from the Chief Executive and senior leaders including Executive Question Time in which up to 700 colleagues from around gesh attend the event. This is supported by other regular staff events on specific topics such as parking or for specific groups of staff, such as meetings for our consultants across the group led by our Group Chief Medical Officer. We also have twice weekly bulletins going out to all staff, daily messages on computer desktops and extensive intranet contents where staff can find information and resources to support their

well-being, development, and participation in the Trust.

We work closely with the chair of staff side and other staff representatives to ensure the voices of employees are heard. The joint staff committee meets regularly, acting as a valuable consultative forum for key developments affecting staff, with sub-groups.

We continue to support and work with our staff networks to ensure they provide a safe space for their members to discuss issues and raise concerns with the wider organisation.

We encourage staff to participate in the annual NHS Staff Survey and the quarterly NHS People Pulse survey for staff which enables us to understand the views and experience of staff working at our Trust.

Staff engagement work continues to be monitored at executive level by our People Management Group and Culture, Equity, and Inclusion Programme Board, and at Board level by the People Committee.

NHS Staff Survey 2023

The NHS Staff Survey is the largest annual workforce survey in the world and has been conducted every year since 2003. It is one of the primary ways Trusts hear from staff about their experiences of working in the NHS.

At St George’s, 36% of staff (3,644) shared their feedback through the survey. Disappointingly, this was lower than the national average of 46% and lower than our 2022 response rate of 48%.

In the table below, our average scores (out of 10) are compared to the national average for each indicator, and also against our scores from the previous year.

	2023-24		2022-23	
	Trust	Benchmarking group	Trust	Benchmarking group
Promise 1: We are compassionate and inclusive	7.0	7.3	7.0	7.2
Promise 2: We are recognised and rewarded	5.7	6	5.6	5.7
Promise 3: We each have a voice that counts	6.5	6.7	6.5	6.6
Promise 4: We are safe and healthy	5.9	6.1	5.8	5.9
Promise 5: We are always learning	5.4	5.6	5.3	5.4
Promise 6: We work flexibly	5.8	6.3	5.7	6.0
Promise 7: We are a team	6.6	6.7	6.5	6.6
Staff Engagement	6.8	6.9	6.8	6.8
Morale	5.6	5.7	5.5	5.7

The results from the survey show that there is much more we need to do to make the working lives of our staff better. There are, however, positive takeaways from our results that we can build on. We have scored slightly above the national average in the following:

A positive takeaway from our results are we have scored above the national average in the follows:

- 67% of us would be happy with the standard of care provided by SGUH if friend/relative needed treatment (avg.: 63%)
- 72% those who experience physical violence reported it (avg.: 71%)
- 89% of us said we feel our role makes a difference to patients/service users (avg.: 88%)
- 88% of us did not experience physical violence from patients/service users, their relatives, or other members of the public (avg.: 87%)

In April 2023, in response to our Staff Survey results we identified 5 areas of work (Big 5) to focus on to help us develop the culture within our organisations. Each work stream builds on a range of activities within a 18-24 month plan. The table below show the big 5 themed actions we have taken in response to our staff survey feedback.

The Big 5	You Said	We Did/We're Doing
Civility and Psychological Safety	You need to feel respected, be yourself, and feel safe to raise concerns.	<ul style="list-style-type: none">• FTSU month in October 2023• Continued access to F2SU training• Re-introduced F2SU at Trust induction• Staff sessions on civility and psychological safety• Hub with resources for all staff
Keeping Staff Safe from Bullying, Harassment, and Violence	You want to feel safe and protected at work.	<ul style="list-style-type: none">• Bullying and harassment toolkit for managers• Training on handling violence and aggression• Support for staff during and after incidents• Coordination with police for a better response
Compassionate Leadership	You want good leadership and support for career development.	<ul style="list-style-type: none">• Leadership development for senior leaders• Further development programs for all leaders• Extended management fundamentals for team leaders• Values-based evaluation in appraisals/recruitment• Webinars and training in gesh and NHS elect.
Inclusive Behaviours	Everyone should feel valued, recognised, and have equitable access.	<ul style="list-style-type: none">• Thriving networks for guidance and events (BAME and DAWN networks) – Supported by the EDI Team.• Central reasonable adjustment fund• Increased compliance with Disability Awareness module• Oliver McGowan training available• Ask Auntie for career advice• Flexible working and special leave policies
High Performing Teams	Teams should welcome ideas and prioritise health and wellbeing.	<ul style="list-style-type: none">• Support for staff's health and wellbeing• Improved access to healthy food options• Fitness facilities and wellbeing advice• Financial and pension support• Continuous improvement processes• Team tools and interventions for effective collaboration

We have seen improvements in the right direction with our staff survey results through the work we have done in the big 5 programme. There is much more to do to gain further improvements, and we will continue to focus on the same big 5 programme areas shown in the table above to deliver meaningful changes that make the working lives of our staff better.

The table below shows previous years' survey results and benchmarking from before the change in reporting format in 2021.

	2019-20		2018-19		2017-18	
	TRUST	BENCH MARKING GROUP	TRUST	BENCH MARKING GROUP	TRUST	BENCH MARKING GROUP
Equality, diversity and inclusion	8.4	9.1	9.1	9.1	8.4	9.1
Health and wellbeing	5.9	6.1	5.9	5.9	5.7	6.0
Immediate managers	6.6	6.8	6.4	6.7	6.5	6.7
Morale	6.0	6.2	5.6	6.1	n/a	n/a
Quality of appraisals	7.6	7.5	5.6	5.4	5.5	5.3
Quality of care	7.8	8.1	7.4	7.4	7.4	7.5
Safe environment – bullying and harassment	9.3	9.5	7.9	7.9	7.6	8.0
Safe environment – violence	6.6	6.8	9.4	9.4	9.4	9.4
Safety culture	7.0	7.0	6.4	6.6	6.5	6.6
Staff engagement	7.0	6.5	6.8	7.0	6.9	7.0
Team working	6.4	6.5	n/a	n/a	n/a	n/a

Staff support and wellbeing

With our team experiencing greater pressures, we have continued to prioritise our employees' mental, physical, and financial well-being to ensure they can provide optimal patient care.

This year, our staff faced a variety of challenges, including high workloads, strikes, limited rest intervals, and rising costs of living. To help, we have provided a variety of tools and resources. Below are some but not all of the initiatives implemented

- In September, we launched Wagestream, a platform offering early access to earned wages, out-of-salary savings, a benefits calculator, and debt advice services.
- A bicycle user group, with the support of Wandsworth Council's Dr Bike team, offered 30 free recycled bicycles donated by the public and repaired by Dr Bike to staff on lower pay bands.
- Ingredients, the main restaurant at St George's Hospital, offered staff healthy £2 meal options, including a salad bar, jacket potatoes and soup.

We continued to support staff's mental and physical wellbeing through various online resources and targeted interventions.

- We put in place 70 Mental Health First Aiders who can offer support locally to their peers and signpost them to further professional help.



- A network of over 120 Health and Wellbeing Champions delivered wellbeing initiatives in their teams, including lunchtime walks with PAT dogs, book clubs, exercise sessions and wellbeing talks.
- Exercise facilitator delivered introduction sessions at the free outdoor gym on site, and St George's staff have free access to the gym at Queen Mary's Hospital
- To boost staff morale and recognise colleagues we delivered an Acts of Kindness campaign. 16 individuals and 4 teams were awarded based on patient feedback
- 40 Staff have attended mental health awareness training so far this year and 17 have signed up to become mental health champions as a result.
- In October, 184 colleagues participated in the Wellbeing Challenge and completed tasks that boosted their physical, mental and social wellbeing.
- Schwartz Rounds, which promotes open discussions about the issues facing our staff and helps to destigmatise challenging experiences associated with working in healthcare.
- Arts and choir classes from the Arts team at St George's Charity.

Major risks to Trust's objectives

Successful delivery of our new group strategy means understanding and taking steps to manage and mitigate key strategic and operational risks. The Trust maintains both a Board Assurance Framework and a Corporate Risk Register, which is informed by risk assessments across the organisation, and supported by our risk management policy.

In 2023-24, we developed a new Group Board Assurance Framework, which identifies the risks to the delivery of the new group strategy. The purpose of the Board Assurance Framework (BAF) is to provide the Board with assurance in relation to the risks to the delivery of the strategic objectives when considered alongside the Trust's risk management processes, the Annual Governance Statement and the programme of internal audit. In 2023-24, as well as developing a new set of strategic risks aligned to our new group strategy, we also developed our reporting framework for the Group Board Assurance Framework. This includes risk scores, assurance ratings and targets for each of the 14 identified strategic risks. We also set out the key controls in place to manage our risks. We identified key sources of assurance alongside the remaining gaps in control. We plotted the actions required to mitigate risks and ensured that our BAF, linked to our work on horizon scanning, identifies emerging risks.

Grouped by corporate objectives, the ten strategic risks on the BAF in 2022/23 were:

Group Board Assurance Framework 2023-24	
Strategic objectives	Strategic Risks (SR)
Collaboration and Partnership	SR1: Working across our local systems: If we do not act as an effective, collaborative partner across the whole patient pathway and wider health and care system, then we will not build effective integrated models of care across primary, community, mental health, acute and specialist care, resulting in unsustainable demand for acute services, patients not receiving care in the most appropriate setting, and lower health outcomes.
	SR2: Working with other hospitals through our Acute Provider Collaborative: If we do not foster strong, collaborative relationships with other providers through the Acute Provider Collaborative and focus on where we can add the most value in terms of the quality and sustainability of services, then we will not deliver effective, efficient and sustainable services for the benefit of patients across South West London and Surrey, resulting in longer waiting lists, unwarranted variation in and less responsive care, and less efficient use of resources across our system.

	SR3: Working together across our group: If we do not harness the full benefits of collaboration and integration across our group and capitalise on our strengths, then we will be less than the sum of our parts, fail to keep pace with improving standards and face challenges in retaining the breadth of services for the benefit of our local communities, resulting in unwarranted variation in care and poorer outcomes for patients.
Affordable Services, Fit for the Future	SR4: Achieving financial sustainability: If we do not manage costs effectively, optimise productivity, and ensure our activities are effective, then we will not return to financial balance, resulting in the poor use of public funds and unsustainable services for patients.
	SR5: Modernising our estate: If we do not secure capital funds necessary to address areas of material risk across our estates and deliver our green plans, then we will be unable to maintain a safe estate, reduce our carbon footprint, and transform services for patients, resulting in increased risk to patient and staff safety and to the safe and sustainable delivery of clinical services
	SR6: Adopting digital technology: If we do not build a robust digital infrastructure and adopt transformational digital solutions, then we will not deliver new and innovative models of care or support staff to work more flexibly and efficiently, resulting in poorer patient outcomes, less efficient services and staff disengagement.
	SR7: Developing new treatments through innovation and research: If we do not create the right culture, infrastructure and partnerships, then we will not become a thriving centre for research and innovation and not attract sufficient research funding, resulting in poorer health outcomes for patients, and challenges in attracting and retaining high calibre staff
Right Care, Right Place, Right Time	SR8: Reducing Waiting Times: If we do not foster and support continuous improvement to improve the efficiency and effectiveness of our services, then we will not improve flow through our hospitals, resulting in patients waiting too long for treatment, poorer clinical outcomes and risk of harm, and staff disengagement.

	<p>SR9: Improving Patient Safety and Reducing Avoidable Harm: If we do not develop robust quality governance systems and processes, use our data intelligently, and develop a strong safety culture that supports learning, then we will not deliver safe, effective and responsive care to our patients, resulting in increases in avoidable and harm and mortality and poorer clinical outcomes.</p> <p>SR10: Improving Patient Experience: If we do not equip our staff to make improvements in their services and build effective relationships with patient groups, then we will not deliver improvements in the quality, effectiveness and efficiency of our services, resulting in lower quality of care, increased risk of harm, and less efficient services.</p> <p>Strategic Risk 11: Tackling Health Inequalities: If we do not pursue a more strategic and systematic approach to tackling health inequalities in collaboration with our local partners and act as an anchor institution, then we will fail to play our part in improving the health of our local population, resulting in less equitable access to care and poorer outcomes.</p>
Empowered, Engaged Staff	<p>SR12: Putting Staff Experience and Wellbeing at the Heart of What We Do: If we do not give our staff the tools and support they need or develop high performing teams and outstanding leaders and managers at every level, then our staff will be unable to perform to their best and may not feel fairly treated, resulting in services that are less efficient, poorer quality of care for patients, and difficulties in recruiting and retaining high calibre staff.</p> <p>SR13: Fostering an Inclusive Culture that Celebrates Diversity: If we do not develop our organisational culture to make the group a more inclusive place to work that celebrates our diversity and tackle discrimination, then our staff will not feel valued, empowered or psychologically secure, resulting in lower staff engagement, poorer staff wellbeing, challenges with recruitment and retention, and lower quality of care to patients.</p> <p>SR14: Developing Tomorrow's Workforce: If we do not retain, train and transform our workforce for the future, then we will not be able to support the delivery of new models of care, encounter shortages in our workforce, and increase our reliance on agency staff, resulting in lower quality and less efficient services for patients, and higher staffing costs.</p>

Strategic risks on the Group BAF are assigned to Committees of the Board which provide oversight of the risks and actions being taken to mitigate them. The Committees report on their role in overseeing the risks assigned to them in their reports to the Group Board.

In 2023-24 the Group Board agreed that it would oversee the three strategic risks on the Group BAF relating to collaboration and partnerships. The Group Board developed the new Group BAF through a series of Group Board development workshops during 2023-24, and it reviewed the first full iteration of the Group BAF in February 2024 and at its meeting held in public in March 2024.

Further information about risk, and the Trust's approach to managing and mitigating these are set out in the Annual Governance Statement.



Financial performance

Financially 2023-24 was a very challenging year. The Trust faced considerable financial pressures that are not immediately evident from the headline deficit position reported, and these pressures will remain as the Trust moves into 2024-25 and beyond.

At the close of the year the Trust reported a deficit of £3.6m against a planned surplus of £9.0m, an adverse variance from plan of £12.6m. The adverse position was driven by increased staffing costs in the emergency department and ward areas as well as non-pay inflationary pressures above planning assumptions.

However, the underlying challenge in the financial position was much higher than the reported deficit of £3.6m and should be seen as being much closer to the level of deficit reported in 22-23. The reason for the change was driven by two factors, deficit support funding and non-recurrent actions.

The reported deficit includes £24.7m of deficit support funding. This was received from NHSE via SWL ICB to support the deficit and ensure the trust had sufficient cash across the year. This funding is exceptional and should not be seen as part of the trust's normal operating income. If this funding is included from the reported position the trust would have reported a deficit of £28.3m against a plan position of £15.7m deficit. The Trust planned to have a deficit of £15.7m as it had material pressures that it could not fully address even after a large Cost Improvement Plan, see below. The pressures driving the planned deficit are productivity challenges post covid and structural estates issues. The drivers of the adverse variance from the plan remain the same as the items listed above.

Non-recurrent benefits within the plan and actual positions. The Trust included a range of non-recurrent benefits within its plan, and actual positions with a value of £58.3m. These benefits provided one-off improvements to the position in 23-24 and will not be repeated in 24-25. This means the challenge in 24-25 will be greater than that indicated in 23-24 accounts.

Contractual payments

The Trust instead received block contract funding from its main commissioners in the financial year, in line with 2022-23. Since block contracts began being used in 2020-21 they have reduced in value (after inflation adjustment), to reflect the need for the NHS to make further savings. However the Trust, has received significant non-recurrent income in 2023-24 to mitigate this challenge.

Capital expenditure

The Trust spent £39.41 million of capital in 2023-24. This was funded from internally generated funds, and additional one-off PDC funding. The capital funds available to us were used to support ongoing investment in IT, our estate and medical equipment. This level of funds meant that the Trust was not able to address a full investment programme.

As in previous years the demands for capital materially exceeded the funds available to the trust. There is a robust prioritisation process to ensure we continually balance multiple demands, including:

- the urgent need for stabilising and upgrading IT infrastructure, estates infrastructure, and theatres
- increasing diagnostic capacity and upgrades
- maintaining our infrastructure to ensure we provide safe, compliant services
- the need to invest capital and revenue in service transformation that will drive change and more efficient ways of working both internally and with partners (e.g. as part of the South West London Health and Care Partnership)
- investment in digital transformation and analytical capacity.

IFRS16 (Right of use assets - ROU)

As part of IFRS16 lease standard, £3.2m medical equipment, £64k transport and £1.9m of building operating leases have been classified as IFRS 16 ROU assets (Right of Use asset) in 23-24

We used leasing to supplement capital investment in medical equipment, where appropriate, taking account of implicit rates of interest, the expected useful economic life of the equipment, the residual value of the equipment at the end of the lease term and

Cash flow

The Trust began the financial year with £58.5 million of cash and cash equivalents. During the year, cash balances decrease slightly to £48.6m. The high cash balance is due to the rise in capital creditors as we received funding from DHSC in the last quarter and these invoices will be paid in 2024-25

Financial performance against plan

	2023/24 Actual	2023/24 Plan	Variance
	£ millions	£ millions	£ millions
Operating Income	1,225.4	1,118.2	107.2
Operating Expenditure	- 1,321.2	- 1,092.8	- 228.4
Operating Surplus / Deficit	- 95.8	25.4	- 121.2
Non-Operating costs	- 25.1	- 17.2	- 7.9
Accounting Surplus / Deficit	- 120.9	8.2	- 129.1
Add back AME I&E impairments	115.9	-	115.9
Remove capital donation income and depreciation	1.1	0.7	0.3
Remove impact of PFI liability measurement	0.3	-	0.3
Adjusted financial performance	- 3.6	9.0	- 12.6

Financial performance comparison

	2023/24 Actual	2022/23 Actual	Change
	£ millions	£ millions	£ millions
Operating Income	1,225.4	1,127.6	97.8
Operating Expenditure	- 1,321.2	- 1,145.7	- 175.5
Operating Surplus / Deficit	- 95.8	- 18.0	- 77.8
Non-Operating costs	- 25.1	- 14.6	- 10.5
Accounting Surplus / Deficit	- 120.9	- 32.6	- 88.2
Add back AME I&E impairments	115.9	1.7	114.2
Remove capital donation income and depreciation	1.1	1.0	0.1
Remove impact of PFI liability measurement	0.3		0.3
Adjusted financial performance	- 3.6	- 30.0	26.4

Cash flow

	2023/24	2022/23
	£ million	£ million
Operating surplus/deficit before finance and other costs	- 95.8	- 18.0
Add back non-cash and expense	166.3	50.9
Increase/decrease in operating activities	- 43.4	27.2
Net cash generated from operating activities	72.7	72.7
Net cash generated from investing activities	- 38.7	- 54.3
Net cash generated from financing activities	1.5	- 15.7
Net increase / decrease in cash	- 10.0	- 10.0
Opening Cash and equivalents	58.5	68.5
Closing Cash and equivalents	48.6	58.5

Charitable funding

We received £504k from charitable sources during the year, principally from St George’s Hospital Charity.

Private Finance Initiative

We entered into a Private Finance Initiative (PFI) contract in March 2000 for the exclusive use of Atkinson Morley wing on the St George’s Hospital site over a 35- year term. The capital value of the building is approximately £50.5 million. All of these loans are included within borrowings in the statement of financial position within the accounts, included separately in this annual report.

Revaluation of land and buildings

As part of the preparation of the annual accounts, we are required to assess the value of our land and buildings. This exercise is carried out at the end of each financial year. The annual revaluation has led to a £17.97 million (£2.4 million 2022-23) reduction in value of some buildings and £2.28m (£5.1m 2022-23) reduction in value of land. However, there is a £2.4m (£19m 2022-23) increase in building and £170k (£70k 2022-23) increase in land to revaluation reserve. This is a reflection of changes in the basis of the valuation.

The reason for the decrease in the value of some buildings mainly relates to impairments in capital spend on the estate as the cost of improvement works to existing building will not cause corresponding equal increases to the building’s value. The valuer has to assess the operational properties by reference to the cost of providing a ‘modern equivalent asset’, this by definition creates a ‘ceiling’ value beyond which it would not be possible to go, no matter how much might be expended on an asset. The valuer also assessed that land values had fallen this year. This decrease was not included in the plan and represents a technical accounting adjustment.

This year the Trust undertook valuations for some of its leasehold assets and this resulted in a decrease in the valuations of these compared to the previous year’s value which had been derived from the cost model. The leases that were valued were those where it was determined that the annual payments were not regularly adjusted in line with the market. Following the RICS guidance the valuers estimated the market rent, which in general was lower than the annual payments which often included other non-rental charges. The valuers also adopted market derived yields which were above the prescribed HM Treasury discount rate. Both these reasons caused the valuations to be lower than the previous year’s ROU asset values.

charges. The valuers also adopted market derived yields which were above the prescribed HM Treasury discount rate. Both these reasons caused the valuations to be lower than the previous year's ROU asset values.

This valuation of ROU assets has resulted in an impairment of £108m charged to operating expenses as there was insufficient balance in the revaluation reserve for these assets in 2023-24. The adjustments are in line with IFRS16 requirements.

External audit services

Grant Thornton received £198,000 in audit fees in relation to the statutory audit of the Trust to 31 March 2023.

Events since the end of the financial year

There have been no events since the end of the financial year that have a bearing on the analysis of our performance.

Contracts with commissioners

The financial performance regime for 2024-25 from NHS England is that Trusts will still be funded through block contracts although more elements will now be subject to cost and volume adjustments. The Trust will lose a significant portion of non-recurrent income which has been a major cause of the Trust declaring an unbalanced position for the new financial year.

Processes to manage cash and working capital

The Trust has accurate and clear cash forecasting and collection processes, an achievable aged debt recovery plan, clear payments processes for creditors, and ensuring we manage stock holdings to agreed levels.

Cost Improvement Programme 2024-25

The trust identified a plan to deliver £62.1m of CIPs in 23-24, this represented 5.5% of operational expenditure. This target should be seen as very high was set to help address the challenging financial position faced by the trust. Delivery of this was always seen as challenging.

Against the plan of £62.1m, £60.1m of CIP was achieved at year end. Key areas of delivery included clinical productivity in elective care, cost out across clinical and corporate services and additional commissioner income support. Of the CIP delivered £34.9m was non-recurrent. CIPs are subject to the governance of Quality

Impact Assessments signed off by the Group Chief Medical and Group Chief Nursing Officers for all schemes that deliver a financial improvement.

St George's delivered a CIP of £65.7m in the previous year, 2022-23. The total achieved in year represents the fifth year of high CIP delivery by the trust.

Political and charitable donations

We have not made any political or charitable donations during 2023-24.

Countering fraud and corruption

We have an anti-fraud and anti-bribery policy.

Counter fraud arrangements are reviewed during the year by the Local Counter Fraud Service (LCFS). The LCFS undertakes an ongoing programme of work to raise the profile of counter fraud measures and carries out ad hoc audits and specific investigations of any reported alleged frauds. The Audit Committee receives and approves the Counter Fraud Annual Report, monitors the adequacy of counter fraud arrangements at the Trust and reports on progress to the Board.

Transactions with related parties

Transactions with third parties are presented in the accounts. For the other Board members, the Foundation Trust's governors, or parties related to them, none of them have undertaken material transactions with the Trust.

Remuneration of senior managers

Details of senior employees' remuneration can be found in the Remuneration Report.

Anti-bribery and fraud policies and issues

One of the fundamental objectives of public sector organisations is the appropriate use of public funds. Most people who work in the NHS are honest and professional; they believe that fraud and bribery are wholly unacceptable. Besides the impact on professional morale, bribery and fraud ultimately leads to a reduction in the resources available for patient care.

NHS Counter Fraud Authority (NHSCFA) and St George's are committed to taking all necessary steps to prevent fraud, bribery and corruption or, failing that principal objective, detect it early to minimise the consequences. To meet its objectives, the Trust adheres to the Government Function Standard 013: Counter Fraud, as well as a four-stage approach developed by NHSCFA to tackle fraud and bribery.

Statement of going concern

Going concern disclosure

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. The Trust incurred a £3.6m deficit financial position for the year ended 31 March 2024 (after adjusting for excluded items against the control total).

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

The Trust can confirm that the income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

The final financial plan for 24-25 has been finalised as a deficit of £4.3m, having taken account of the underlying financial position going into 2024-25 and the Block contract arrangements.

After making enquiries, although these factors represent material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern, the directors, have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future. As directed by the NHS Foundation Trust Annual Reporting Manual 2023-24, the directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future.

On this basis, the Trust has adopted the going concern basis for preparing the accounts.



Jacqueline Totterdell
Group Chief Executive

27 June 2024

Environmental analysis

Our Green Plan and commitment to sustainability

In Autumn 2020, the NHS launched its commitment to delivering a ‘net zero’ health service, recognising that climate change has direct consequences for patients, the public, and the NHS as a

“Climate change is the greatest global health threat facing the world in the 21st century, but it is also the greatest opportunity to redefine the social and environmental determinants of health.” - [The Lancet 2021](#)

Our commitment to develop healthcare more sustainably is one the Trust’s core objectives for the next five years. Since launching our Green Plan in July 2021, we have made some good progress on a range of projects and improvements to the way we operate to ensure that we can deliver outstanding and sustainable healthcare for the future.

The biggest change for us has been the integration with Epsom and St Helier University Hospitals to form gesh. We now work as a team sharing learning and best practice between the sites. Key to developing this approach further we are writing a gesh Green Strategy and a gesh Green Action Plan. The Strategy will outline the overarching vision, principles and goals, whilst the Action Plan will outline the detailed steps we will take to achieve the Strategy. We are in the process of recruiting the Assistant Director to head up the Green Plan Team.

The St George’s Green Plan outlines key workstreams that will contribute to the continuous improvement of sustainability across St George’s, and will set us on our way to Net Zero – in line with the main Greener NHS objective to deliver a net zero health service by 2028-32. A key development has been the delivery of our Estates Decarbonisation Plan that sets out a pathway for us to achieve the Net Zero target.

For our Green Plan to be a success, it requires Trust-wide awareness and close working with our staff, our partners, and our communities. In light of this, our sustainability team and our communications team have worked closely to

produce a strategy for keeping staff engaged and informed, as well as developing a Green Plan hub which acts as a forum for staff to suggest and discuss ideas for how we can be more sustainable.

We have created a Green Champion programme to encourage staff to get involved and make improvements within the areas they work. We have also organised events, including the group Active Travel Day in June 2023 with support from the Mayor of support from the Mayor of Wandsworth, London’s Walking and Cycling Commissioner Will Norman and Olympic gold medallist cyclist Joanna Rowsell.

oanna Rowsell. We also held a Green Week in October linking in with the Centre for Sustainable Healthcare’s Green Week and engaging staff in the work we’ve been doing on sustainability more widely.

Our hope is that over time we will grow a network of engaged and passionate ambassadors who can support us along our journey towards Net Zero. Our progress so far includes:

- Delivering 40% of all outpatient appointments in 2022 virtually, reducing the need for patient travel to and from our sites.
- Winning a further £500k of funding to develop our SMART theatres project, saving carbon and money by improving the efficiency of the theatres.
- Offering trials of E-bikes as part of our discounted e-bike rental scheme (DASH) and held an upcycled bike giveaway for staff on lower salary grades and Dr Bike free bicycle maintenance.
- Making cycling more viable for staff, including offering the cycle to work scheme, improved cycle facilities and Dr Bike free bicycle maintenance.

- Reducing to Zero our use of the most polluting anaesthetic gases such as desflurane and buying TIVA pumps to further cut the use of anaesthetic gases.
- We’ve surveyed our Nitrous Oxide manifolds and completely shut down the manifold at QMH. We’re in the process of doing the same at St George’s.
- We’re installing Nitrous Oxide cracking in the maternity unit (one of the first in the UK) and have localised cracking in the paediatric dentistry unit.
- Trust imported electricity is generated from 100% renewable energy sources.
- We have developed the first low carbon patient menu in the UK.
- We are upgrading our ability to take back and reuse walking aids and have now diverted 100% of our waste from landfill.
- We are also in the process of changing our fleet to be fully electric vehicles.

In line with our goal of reducing our 2017 levels of emissions by 80% by 2032 and achieving net zero by 2040, we have taken various steps.

Our estates strategy will have substantial input towards the reduction of our carbon emissions. The Energy Centre, which was opened in June 2018, houses two combined heat and power (CHP) units, and successfully delivers energy cost savings through local generation.

enewable energy supply from the grid, the technology needs to be reviewed to align with decarbonisation targets. Our Green Plan supports the development of a roadmap towards increasing the efficiency performance from our boiler and chiller system, as well as energy-efficient lighting and controls.

Continuing our commitment to sustainable and efficient operations, we continue to upgrade and improve our infrastructure, which includes replacing old and inefficient heat exchangers and utilising low-temperature hot water from the CHP units. Moreover, our initiative of LED lighting installation covers approximately 55% of the hospital, an ongoing project expected to extend for several more years.

We are upgrading our ability to take back and reuse walking aids and have now diverted 100% of our waste from landfill.

Energy usage analysis

St George’s generated 23.1 million kWh of electricity, exporting 280,000 kWh back to the national grid, resulting in energy cost savings of nearly £703,000 representing a 29% decrease compared to 2022-23 due to generation assets downtimes.

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Jacqueline Totterdell
Group Chief Executive

27 June 2024

Accountability report

Director's report

Outstanding care, together

With the formation and development of our hospital group with Epsom and St Helier University Hospitals NHS Trust, in 2023-24 we developed a new strategy for the group as a whole, and for its constituent trusts. Our new group strategy was launched in May 2023 and sets out our shared vision for the next five years – our vision for 2028 is simple but powerful – we will offer outstanding care, together.

During 2023-24 we started to develop our corporate enabling strategies for IT, estates, sustainability, research and innovation, quality and safety, and people and we expect each of these to be approved during the course of 2024-25.

While we have set ourselves an ambitious plan and are supporting staff across the organisations to pursue improvements against our new CARE framework, we of course, are operating within a complex, challenging and changing landscape and there will be difficult decisions in the year ahead when we will need to balance the demands for additional capacity and investment against the cost savings that all NHS organisations will be asked to meet. We stand ready to meet the challenge of refocusing our priorities in light of the financial uncertainties that we face to ensure that we continue to improve care for patients and support our staff.

The Trust Board is confident that all directors are appropriately qualified to discharge their functions effectively, including monitoring and managing performance, and ensuring management capacity and capability. Both the Board selection process and the Board Development Programme are in place to ensure that the Directors and Non-Executive Directors have the skills and experience necessary to deliver the Trust's vision and strategic objectives.

In compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, all Trust Board Directors have been assessed as being fit and proper persons.

Our regulatory position

Across all of our services, we work closely with the CQC to ensure safe and effective care for our patients and to build upon the outcomes of the CQC's last full inspection report for St George's, published on 18 December 2019 following its unannounced inspection in July 2019 and its well-led review in September 2019. In that inspection, the Trust maintained its CQC rating of Requires Improvement, but the CQC recommended that St George's be taken out of quality special measures, which was endorsed by NHS England

and NHS Improvement in March 2020. The Trust also exited financial special measures in December 2020. You can access the CQC's report here: www.cqc.org.uk/location/RJ701#accordion-1.

The Trust has continued to focus on delivery improvements to its maternity services following the issue of a Section 29A Warning Notice under the Health and Social Care Act 2008 arising from an unannounced CQC inspection of its maternity services in March 2023. The Trust put in place a number of immediate actions to address the concerns set out by the CQC and submitted a detailed action plan to the CQC in June 2023. In addition, an independent external review of quality governance across the group was commissioned. Phase 1 of the review is currently underway and is focused on the effectiveness of quality governance in the service and upwards from the maternity service to the Board, considering quality governance structures, processes, systems and controls. Subject to the findings of phase 1, a second phase will consider the wider effectiveness of

quality governance in the service and upwards from the maternity service to the Board, considering quality governance structures, processes, systems and controls. Subject to the findings of phase 1, a second phase will consider the wider effectiveness of quality governance from individual service level to Divisional, Site, Executive and Board level across the group as whole.

In the meantime, improvements to patient care have been delivered and in February 2024 the CQC published the results of its Maternity Survey for 2023 within which St George’s scored joint second best in the capital for its maternity care and treatment. The Quality Committees-in -Common and the Group Board continue to receive regular assurance reports on our maternity services and compliance with the Perinatal Quality Surveillance Measures.

The Trust received an unannounced CQC inspection of its Emergency Department services in March 2024 and we await the outcome of the report which is due in the next financial year.

Patient and public engagement

With increasing demand and ever tighter budgets, we are under pressure to improve health outcomes, deliver quality services, and make good use of resources. Patient and public engagement is key to helping us ensure we deliver services to best meet the needs and preferences of the populations we serve.

Our Patient Partnership and Experience Group has continued to help us focus on the principles and benefits of patients working as partners with the Trust. Examples of patient engagement during the year include:

- A collaborative event with Healthwatch Wandsworth was held in December 2023, inviting carers to discuss their experience of discharge and their views on virtual wards.
- The launch of a Carers Steering Group, made up of multi-disciplinary members of staff, carers, patients, carers agencies and ICB staff to implement the Carers and Hospital Discharge toolkit to identify, capture and support unpaid carers.
- A collaborative event with Healthwatch Wandsworth was held in December 2023, inviting carers to discuss their experience of discharge and their views on virtual wards.

- The launch of a Carers Steering Group, made up of multi-disciplinary members of staff, carers, patients, carers agencies and ICB staff to implement the Carers and Hospital Discharge toolkit to identify, capture and support unpaid carers.
- Working in partnership with Wandsworth Carers Centre to provide Carers Awareness Training for staff, highlighting how we can help to support unpaid carers.
- The Patient Partnership and Engagement Group (PPEG) submitted feedback as part of the NHS England consultation on the location of the paediatric cancer treatment centre.
- The launch of a new patient support group for patients living in Southwest London who have been diagnosed with Heart Failure.
- The launch of a Veterans Awareness and Engagement group made up of staff who are members of the Armed Forces and volunteer veterans to raise awareness of the importance of recognising members of the Armed Forces to improve the care and support we can provide.
- Welcoming 109 new volunteers into St George’s to improve patient experience.
- The publication of a quarterly Patient Experience newsletter to raise awareness of events, updates, training and workstreams in progress, across the organisation.
- Establishing a corporate poster group made up of staff and patient partners, to review the full set of corporate posters, to ensure that information for patients has been informed by patients and approved in terms of purpose and content.

Our members

Being an NHS foundation trust means we can also draw on the views of our members. The St George’s membership community includes more than 12,000 patients and members of the public, who play an important role in ensuring the hospital meets the needs of the people it serves, as well as the 10,000 staff who are also members of the Trust.

Organisational structure and governance

Our governance framework comprises our membership, the Council of Governors and our Board of Directors. The Trust’s members are drawn from our patients, staff and individuals from the communities we serve. Our Council of Governors is elected by the members and also has appointed Governors, in accordance with our Constitution. The Council of Governors is responsible for representing the views of members and the public and holding the non-executive directors to account individually and collectively for the performance of the Board. Led by the Chairman, the Board of Directors sets the strategy for the Trust, determines objectives and priorities, oversees quality, operational and financial performance and shapes the culture of the organisation. The Board is responsible for ensuring that there are effective systems of governance and internal control in place. The Board is supported in its work by a number of Board Committees.

Our Council of Governors

Our Council of Governors forms an integral part of our governance framework and is led by the Trust Chairman. Our Council of Governors represents our membership body, and during the reporting period its activities contributed to the Trust’s work on providing high quality services and care to its patients.

Members of the Council of Governors are elected from the Trust’s membership body – which includes members of the public and our staff – and appointed local authority, university and Healthwatch stakeholder representatives. Governors were appointed from the constituencies set out in the Trust’s Constitution, and the size of the Council was sufficient to enable governors to give effect to their key duties. The names and terms of the members of the Council of Governors can be found in table 1 below.

Table 1: Constituency and terms of Governors

Governor	Constituency/Office	Term	Elected/Re-elected/Appointed	Period in Office
Gillian Norton	Trust Chairman	N/A	N/A	N/A
ELECTED PUBLIC GOVERNORS				
Adil Akram	Wandsworth	First	1 February 2021	1 February 2021 - 1 January 2024
Afzal Ashraf	Wandsworth	Second	1 February 2023	1 February 2023 - 31 January 2026
John Hallmark	Wandsworth	Third	1 February 2024	1 February 2024 - 31 January 2027
Shalu Kanal	Wandsworth	First	1 February 2021	1 February 2021 - 31 January 2024
Lucy Mowatt	Wandsworth	First	1 February 2023	1 February 2023 – 31 January 2026
Augustine Odiadi	Wandsworth	First	1 February 2024	1 February 2024 – 31 January 2027
Jackie Parker	Wandsworth	First	1 February 2024	1 February 2024 – 31 January 2027
Ataul Qadir Tahir	Wandsworth	Second	1 February 2023	1 February 2023 – 31 January 2026
Nasir Akhtar	Merton	Second	1 February 2023	1 February 2023 - 31 January 2026
Patrick Burns	Merton	First	1 February 2023	1 February 2023 - 31 January 2026
Hilary Harland	Merton	Third	1 Febuary 2021	1 February 2021 - 31 January 2024
Chelliah Lohendran	Merton	First	1 February 2024	1 February 2024 - 31 January 2027

Khaled Simmons	Merton	Third	1 February 2024	1 February 2024 - 31 January 2027
Richard Mycroft	South West Lambeth (Lead Governor to 31 January 2024)	Second	1 February 2021	1 February 2021 - 31 January 2024
Michael Amherst	Rest of England	First	1 February 2023	1 February 2023 – 26 July 2023
Padraig Belton	Rest of England	Second	1 February 2024	1 February 2024 - 31 January 2027
Jackie Parker	Wandsworth	First	1 February 2024	1 February 2024 – 31 January 2027
Ataul Qadir Tahir	Wandsworth	Second	1 February 2023	1 February 2023 – 31 January 2026
James Bourlet	Rest of England	First	1 February 2024	1 February 2024– 31 January 2027
Derek Cattrall	Rest of England	First	1 February 2023	1 February 2023 – 31 January 2024
Sandhya Drew	Rest of England	Second	1 February 2023	1 February 2023 - 31 January 2026
James Giles	Rest of England	First	1 February 2024	1 February 2024 – 31 January 2026
ELECTED STAFF GOVERNORS				
Dympna Foran	Nursing & Midwifery	First	1 February 2024	1 February 2024 - 31 January 2027
Marlene Johnson	Nursing & Midwifery	Second	1 February 2024	1 February 2024 – 29 September 2023
Atif Mian	Allied Health Professionals	First	1 February 2024	1 February 2024 - 31 January 2027
Tunde Odutoye	Medical & Dental	First	1 February 2021	1 February 2024 - 31 January 2024
Alexander Quayle	Allied Health Professionals	First	1 February 2021	1 February 2021 - 31 January 2024
Abul Siddiky	Medical & Dental	First	1 February 2024	1 February 2024 - 31 January 2027
Huon Snelgrove	Non-Clinical	First	1 February 2023	1 February 2023 – 31 January 2026
APPOINTED STAKEHOLDER GOVERNORS				
Julian Ma	St. George's University of London	First	1 February 2023	1 February 2023 – 31 January 2026
Alfredo Benedicto	Healthwatch Merton	Third	1 February 2024	1 February 2021 - 31 January 2027
Sarah Forester	Healthwatch Wandsworth	Second	1 February 2024	1 February 2021 - 31 January 2027
Sangeeta Patel	South West London CCG	Second	1 February 2021	1 February 2021 - 31 March 2023
Prof. Kathy Curtis	Kingston University	First	21 April 2021	14 April 2021 – 31 March 2024
Stephen Worrall	Wandsworth Council	First	1 September 2022	1 September 2023 – 31 August 2025

On 31 January 2024, the following Governors stood down from the Council of Governors:

- Adil Akram, Public Governor, Wandsworth
- Richard Mycroft, Public Governor, South West Lambeth
- Derek Cattrall, Public Governor, Rest of England
- Hilary Harland, Public Governor, Merton
- Shalu Kanal, Public Governor, Wandsworth
- Tunde Odutoye, Staff Governor, Medical and Dental
- Alex Quayle, Staff Governor, Allied Health Professionals and Other Clinical and Technical Staff

Elections to the Council of Governors were held in December 2023 and January 2024 and the following Governors were re-elected commencing new three-year terms of office:

- John Hallmark, Public Governor, Wandsworth
- Khaled Simmons, Public Governor, Merton
- Padraig Belton, Public Governor, Rest of England

In addition, the following were newly-elected to serve on the Council for three-year terms of office:

- James Bourlet, Public Governor, Rest of England
- Chelliah Lohendran, Public Governor, Merton
- Augustine Odiadi, Public Governor, Wandsworth
- Jackie Parker, Public Governor, Wandsworth
- Dympna Foran, Staff Governor, Nursing and Midwifery
- Atif Mian, Staff Governor, Allied Health Professionals
- Abul Siddiky, Staff Governor, Medical & Dental

In addition James Giles, was newly-elected to serve on the Council for a two-year term of office as a Public Governor, Rest of England.

In addition James Giles, was newly-elected to serve on the Council for a two-year term of office as a Public Governor, Rest of England.

The following Appointed Governors were re-appointed for further terms:

- Alfredo Benedicto, Healthwatch Merton
- Sarah Forester, Healthwatch Wandsworth

Council of Governors: role and duties

Our Council of Governors works collegiately with the Board of Directors and benefits from sharing the same leadership in the Trust Chairman, but there is clear distinction between the role of the Board and the Council. The over-riding role of the Council of Governors is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of Trust members and the public. The schedule of matters reserved for the Board and the Council of Governors is set out in the Trust’s Constitution and is reflected in the Trust’s Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions.

The Council of Governors has additional key decision-making responsibilities including

- appointing non-executive directors, setting their terms and conditions, and, where appropriate, removing of Non-Executive Directors.
- appointing the external auditors and setting their terms and conditions.
- approving the appointment of the Chief Executive by the non-executive directors.
- approving any proposals which significantly change the services the Trust offers, including significant transactions and proposals such as mergers, acquisitions and de-mergers
- approving any proposals to increase the income from non-NHS activities by more than 5% of the total Trust income
- approving changes to the Trust’s Constitution.

During 2023-24, the Council of Governors exercised some of these functions, specifically:

Board appointments

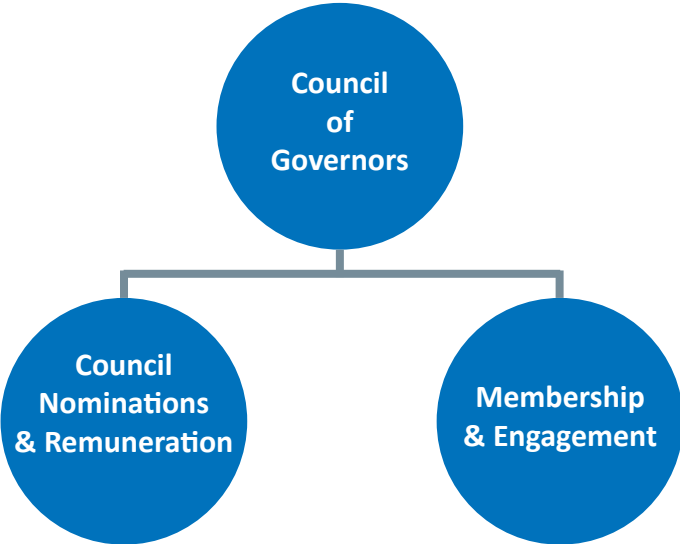
- The Council approved and oversaw the process for the appointment of a new Non-Executive Director and a new Associate Non-Executive Director. Gatenby-Sanderson, an external consultancy, were engaged to support the process. A new Associate Non-Executive Director, Chiew Yin Jones, was appointed to the Board, her term of office commencing on 2 March 2023. However, following conclusion of the process, the Council determined that an appointment could not be made to the substantive Non-Executive Director position and it decided to undertake a further appointments process starting in the spring of 2024 and to appoint an existing non-voting Associate Non-Executive Director of the Trust as an interim Non-Executive Director pending the conclusion of a future appointments process.
- The Council was also consulted in March 2024 on the proposal for the appointment by the Trust Board of a new Senior Independent Director. In doing so the Council continued to help to ensure that the Board of Directors had the right balance of skills and knowledge to lead the Trust.

Other matters

- The Council agreed the proposal to develop a joint tender process with Epsom and St Helier University Hospitals for a common external audit provider.
- The Council also input into the Trust’s strategies and annual forward plan, supported the development of the annual quality priorities, and received the annual report and accounts. In reviewing the Trust’s strategy and forward plans, governors ensure the views and feedback of members are represented and appointed governors feed in the views of the organisation they represent.
- Members of the Trust were actively engaged in the development of the strategy through a range of activities including focus groups and the Board was informed about stakeholder input into the strategy ahead of approving the strategy for publication.

The Council of Governors reviews its own collective effectiveness regularly. In 2023-24, the Council undertook a review of its training and development needs which included reviewing the knowledge-based and skills-based training required to support the Council to fulfil its role effectively.

In addition to its formal meetings, the Council of Governors has established two sub-committees to support it in fulfilling its role.



The Council Nominations and Remuneration Committee is responsible for supporting the Council of Governors in ensuring that the Board of Directors has sufficient skills and knowledge, for supporting the Council in overseeing the appointments process for new Non-Executive Directors, and for overseeing the remuneration paid to the Chairman and other NEDs. The Committee met once during the period. With the support of this Committee the Council was able to:

- receive the appraisal of the Chairman and other non-executive directors
- receive the objectives of the Chairman and other non-executive directors
- appoint one interim non-executive director following an unsuccessful external appointments process

The Committee is led by the Trust Chairman and the other members are Governors. During 2023-24 the following Governors were members of the Committee:

Members	
Gillian Norton	Trust Chairman (Committee Chair)
Adil Akram	Public Governor, Wandsworth
Afzal Ashraf	Public Governor, Wandsworth
Alfredo Benedicto	Appointed Governor, Healthwatch Merton
John Hallmark	Public Governor, Wandsworth
Hilary Harland	Public Governor, Merton
Marlene Johnson	Staff Governor, Nursing and Midwifery
Richard Mycroft	Public Governor, South West Lambeth
Khaled Simmons	Public Governor, Merton

The Council’s Membership and Engagement Committee is responsible for supporting and delivering the Trust Membership Strategy. Due to the absence of a Governor to chair the Committee, the Committee did not meet in 2023-24. However, at its meeting on 20 March 2024 the Council considered and agreed proposals to re-energise the Committee in 2024-25. The membership of the Committee was refreshed and reconstituted in April and May 2024 and Sandhya Drew, Public Governor (Rest of England), has been selected as the Committee Chair. The newly constituted Membership Engagement Committee will play a key role in developing a new membership strategy for the Trust and for driving forward plans for engagement with members.

The Council of Governors continued to hold hybrid meetings in 2023-24, to help facilitate attendance by members of the Council of Governors with caring responsibilities and to support attendance by Governors in the context of their wider commitments. In total there were five meetings of the Council and attendance of Governors is set out in table 2 below.

Table 2: Council of Governors’ attendance at meetings

Governor	Constituency/Office	Meetings Attended (Actual/Eligible Attendance)
Gillian Norton	Trust Chairman	5/5
ELECTED PUBLIC GOVERNORS		
Nasir Akhtar	Merton	4/5
Adil Akram	Wandsworth	0/4
Afzal Ashraf	Wandsworth	3/5
Padraig Belton	Rest of England	0/5
James Bourlet	Rest of England	1/1
Patrick Burns	Merton	5/5
Sandhya Drew	Rest of England	3/5
James Giles	Rest of England	0/1
John Hallmark	Wandsworth	5/5
Hilary Harland	Merton	4/4
Shalu Kanal	Wandsworth	1/4
Chelliah Lohendran	Merton	1/1
Richard Mycroft	South West Lambeth (Lead Governor to 31 January 2024))	3/4

Augustine Odiadi	Wandsworth	1/1
Jackie Parker	Wandsworth	1/1
Ataul Qadir Tahir	Wandsworth	5/5
Khaled Simmons	Merton	5/5
Michael Amherst	Rest of England	1/2
Derek Cattrall	Rest of England	0/4
Lucy Mowatt	Wandsworth	5/5
ELECTED STAFF GOVERNORS		
Dympna Foran	Nursing & Midwifery	1/1
Marlene Johnson	Nursing & Midwifery	1/4
Atif Mian	Allied Health Professionals	0/1
Tunde Odutoye	Medical & Dental	2/4
Alex Quayle	Allied Health Professionals	0/4
Abul Siddiky	Medical and Dental	1/1
Huon Snelgrove	Non-Clinical	5/5
APPOINTED STAKEHOLDER GOVERNORS		
Alfredo Benedicto	Healthwatch Merton	4/5
Kathy Curtis	Kingston University	3/5
Sarah Forester	Healthwatch Wandsworth	3/5
Julian Ma	St. George's University of London	2/5
Stephen Worrall	Wandsworth (<i>Appointed</i>)	4/5

As well as the regular report from the Chief Executive, updates from the Committees of the Council of Governors and regular questions to non-executive directors, some of the key matters considered by the Council included:

Date	Matters considered by the Council of Governors
18 May 2023	Annual planning 2023-24 Group Strategy NHS Staff Survey Results 2022
26 July 2023	Financial Update Quality & Performance Report Paediatric Cancer Services CQC Maternity Services Inspection Report External Audit Tender
20September 2023	Financial Performance Update Maternity Services Update Annual Members Meeting 2023 Plan Elections to Council of Governors 2023-24 Raising Concerns Update External Auditors Report 2022-23 Paediatric Cancer Services Update
22 November 2023	Maternity Services Update Quality Governance Review Integrated Quality and Performance Report: Operational Performance

	External Audit Tender Update Paediatric Cancer Services Update Financial Performance Update
20 March 2024	Financial Planning 2024-25 Non-Executive Director Appointments Quality Performance Patient Experience Update Council of Governors Governance Update, including the process and timetable for appointing a new Lead Governor and Paediatric Cancer Services Update

Governors met in private in May 2023 to consider the outcomes of the appraisals of the non-executive directors for the year 2022-23. In July 2023, the Council of Governors considered the outcome of the process for the appointment of a new lay Non-Executive Director. Regrettably a substantive appointment could not be made at the time and the Council considered and approved the appointment of Chiew Yin Jones as a full voting Non-Executive Director on an interim basis from October 2023 until a permanent appointment is made, at which time Yin will resume her position as an associate non-executive director. For the duration of the appointment Yin will also Chair the People Committee working closely with the Epsom and St Helier People Committee Chair through the Committees-in-Common arrangements.

The Council received regular updates at its private meetings on the consultation on the future of the paediatric cancer services at St George's and the potential impact on the wider paediatric team and other specialties in the event that the paediatric cancer service was relocated to the Evelina Hospital. The Council also received regular updates on the CQC inspection of Maternity Services at St George's and had the opportunity to discuss the actions the Trust was taking to respond to the CQC's findings.

There are clear processes and procedures for the Council to engage with the Trust Board to raise any issues, with the Senior Independent Director and Lead Governor acting as key conduits to ensure that these are appropriate and effective.

Governors are able to question the non-executive directors at Council meetings, and also have the opportunity to attend Board meetings and ask questions.

The Trust's Constitution sets out the procedures for resolving any disputes between the Board and Governors. Information on the constitution can be found on our website at <https://www.stgeorges.nhs.uk/about/living-our-values/nhs-constitution/>. The Council of Governors did not make use of these procedures during 2023-24.

Non-executive directors are invited to attend all meetings of the Council of Governors both to assist the Council in their role of holding the non-executives to account for the performance of the Board and to ensure non-executive directors understand the views of Governors. Executive directors are also invited to attend meetings of the Council on matters related to their portfolio.

Governor development

Governors are afforded the opportunity to attend NHS Providers' training courses and networking events and we seek to match these opportunities to identified training needs of our Governors. The Trust continues to provide a range of training and development opportunities for Governors to support them in their roles. In 2023-24 Governors were provided with opportunities to attend the Trust for a range of visits to clinical and non-clinical areas across the Trust as well as observing meetings of the Trust Board. We also recommenced the participation of Governors in PLACE inspections and ward accreditations in 2023-24. In February 2024, an induction session was held with Governors elected in the December 2023 and January 2024 elections. This was delivered by the Trust Chairman and Chief Executive, supported by the Chief Finance Officer and Chief Corporate Affairs Officer.

Our membership

The Trust is committed to involving patients, families and carers, as well as members of the Trust, in the delivery and development of our services. Our Governors and members ensure that we are accountable to, and listen to the needs and views of, our patients and the communities we serve. We have a combined membership of over 22,000 members:

Membership constituency	2022-23	2023-24
Total Public Members	12,795	12,836
Lambeth	540	539
Merton	3,334	3,364
Wandsworth	4,061	4,069
Rest of England	4,860	4,861
Total Staff Members	9,526	9,753

Our public members include patients, friends and family of patients, volunteers and members of the public who reside in one of four geographical constituencies: Wandsworth, Merton, south west Lambeth and Regional (Rest of England). To become a public member, no special skills or experience are required, as long as the individual is over 14 years old.

Any member of staff employed by the Trust on permanent contracts, fixed term contracts of 12 months or longer, or employed through one of our service partners (including transport, catering and cleaning staff) is eligible to become staff members. While permanent and fixed-term contract staff automatically become members, all other categories of staff must apply to become a member.

St George’s membership strategy is designed to encourage more local people to have a voice in the shaping of the services the Trust provides. We continue to strive for an engaged and vibrant membership community and the Trust benefits enormously from the input of our members. Our vision is to build on our engagement with members to create an active and vibrant membership community that is representative of the diverse populations we serve and of the staff who work here, and one that has a real voice in shaping the future of the Trust and the services it provides.

To achieve this vision, our membership strategy sets out three overarching aims:

- To improve the quality of engagement and communication with members.

- To work to ensure the membership is representative of the diverse communities the Trust serves.
- To maintain, and where possible, increase the overall size of the Trust’s membership.

The Council of Governors is responsible for the delivery of the membership strategy, and through its Membership Engagement Committee it monitors the implementation and delivery of milestones in the membership strategy. The Council as a whole and the Committee receive regular reports on the extent to which the membership of the Trust is representative of the communities we serve. In 2023-24 the Council of Governors considered plans to re-focus and re-energise the work of the Membership Engagement Committee looking at practical actions to promote engagement with members and the public, and developing a new membership engagement strategy for the coming years.

We continue to welcome the views and opinions of our members. Our Board of Directors and Council of Governors meetings are held in public and there are opportunities at the end of each meeting to raise questions in person or via email. Our members can contact our Council of Governors by email via members@stgeorges.nhs.uk and can submit questions to the Board of Directors by email via corporategovernance3@stgeorges.nhs.uk.

More information on our membership can be found on the Trust’s website here: www.stgeorges.nhs.uk/

The Trust is open and transparent through our public Council of Governors meetings, Board meetings held in public, the various health events held during the year, the Trust’s Freedom of Information service, and the large amount of information available on our website.



The Trust Board of Directors

The Trust is led by our Board of Directors. Executive members of the Trust Board are full time employees of the Trust, with a notice period of three months. Non-Executive Directors are appointed by the Council of Governors for three-year terms of office (or two years in the case of Associate Non-Executive Directors).

Trust Board membership



Gillian Norton
OBE DL,
Group
Chairman

Gillian Norton OBE was appointed Chairman in April 2017, having been a Non-Executive Director since June 2016. She spent her executive career in local government, serving as Chief Executive for a total of 23 years, the last 17 of which were in London Borough of Richmond. She has been Representative Deputy Lieutenant for Richmond since 2016, and in 2017 was awarded OBE for services to local government. In October 2019, Gillian also became Chairman of Epsom and St Helier University Hospitals NHS Trust.

Non-Executive Directors



Ms Ann Beasley
CBE,
Non-Executive
Director
(Deputy Chair)

Ann Beasley joined as a non-executive director in June 2021. She has a background in finance, her most recent role being Director General for the Finance, Assurance and Commercial Group at the Ministry of Justice. Ann has also been Chair of Trustees for the Alzheimer’s Society. Ann was awarded a CBE in 2010. Since 2016, Ann has also been non-executive director at St George’s University Hospitals NHS Foundation Trust and in 2018 was appointed Chair of South West London and St George’s NHS Mental Health Trust. At Epsom and St Helier, Ann chairs the Board’s Finance Committee.



Professor Jenny Higham,
Non-Executive
Director

Professor Jenny Higham is Vice Chancellor at St George’s, University of London. She previously held senior roles at Imperial College and the Lee Kong Chian School of Medicine in Singapore and served as president of the UK’s Medical Schools Council. In addition to managerial roles, she continues clinical practice. She has been named “Mentor of the Year” at the Women of the Future Awards, been awarded a President and Rector’s Award for Outstanding Contribution to Teaching Excellence and the Imperial College Medal for outstanding leadership.



Chiew Yin Jones,
Non-Executive
Director

Chiew Yin Jones joined St George’s as an Associate Non-Executive Director in March 2023 and was appointed as a Non-Executive Director on an interim basis in October 2023. Chiew Yin is a barrister with over 25 years’ experience in criminal justice and is an experienced advocate with a substantial casework and litigation background. She also sits as a Legally Qualified Chair for the Police Misconduct Panel in London and the South-East region. She has several health-related roles including being a member of the Lay Committee at the Royal College of Anaesthetists and a former trustee of the Cleft Lip and Palate Association.



Dr Peter Kane,
Non-Executive
Director

Dr Peter Kane has a doctorate in economics from the London School of Economics and is a qualified accountant. Throughout his career he has worked in public services, including in the Treasury and Cabinet Office. His most recent role was the Chamberlain (or Chief Finance Officer) of the City of London Corporation. Peter brings a wealth of experience in finance, risk, and performance. He is also a non-executive director of the Institute of Fiscal Studies and Education and Skills Funding Agency Board and Audit Committee. Peter joined the St George’s Board on 1 October 2021 and is Chair of the Audit Committee and holds the same role at Epsom and St Helier University Hospitals NHS Trust.



Dr Andrew Murray,
Non-Executive
Director

Dr Andrew Murray joined St George’s as a Non-Executive Director in January 2023. He is Clinical Lead for Population Health Management and GP Partner and CEO of The Nelson Medical Practice. He has operated as Senior Responsible Officer for Population Health Management; as Medical Director and Clinical Leadership Group Chair; as Chair of south west London Clinical Senate; and as Clinical Lead and Programme Senior Responsible Officer for Children & Young People’s Mental Health. He was additionally Chair & Clinical Lead, Clinical Commissioning Groups (South-west London & Merton) between 2012 and 2022, leading the merger of commissioning operations between Merton and Wandsworth CCGs in 2017.



Tim Wright,
Non-Executive
Director

Tim Wright is a Chartered Mechanical Engineer and Fellow of the British Computer Society. He worked for 20 years in the oil and gas industry on major engineering and construction projects undertaking global consulting and senior IT leadership roles at BP, Halliburton and Amec before joining the Department for Education as Chief Information Officer in 2007. In the public sector Tim led technology programmes across government, with local authorities, the Cabinet Office and the Government Digital Service. He has been a non-executive director at the Trust since September 2017, and a Trustee of St George's Hospital Charity since January 2018.



Andrew Grimshaw,
Group Chief
Financial Officer

Andrew has over 30 years' experience in NHS finance and has worked in wide range of organisations from district general hospitals, tertiary, teaching and ambulance trusts. He joined St George's Hospitals as Chief Financial Officer in 2017 and also held the post of Deputy Chief Executive from 2019 until the formation of the St George's, Epsom and St Helier University Hospitals and Health Group.



Dr Richard Jennings,
Group Chief
Medical Office

Dr Richard Jennings joined St George's in December 2018 as Chief Medical Officer. Richard joined St George's from Whittington Health NHS Trust, where he had been Executive Medical Director for four years. Dr Jennings specialises in infection and acute medicine, and underwent his training at the London School of Hygiene and Tropical Medicine. Before becoming Executive Medical Director at the Whittington, he held the posts of Clinical Director for medicine and then Deputy Medical Director.

Executive Directors (voting)



Ms Jacqueline Totterdell,
Group Chief
Executive

Jacqueline was appointed the Group Chief Executive of the St George's, Epsom and St Helier Hospitals and Health Group in August 2021, after joining St George's University Hospitals NHS Foundation Trust as Chief Executive in May 2017. Jacqueline is also the CEO Lead for the South West London Acute Provider Collaborative and London lead for outpatients.

A Paediatric Intensive Care Nurse by background, Jacqueline started her general management career at Leeds General Infirmary. She held Chief Executive positions at Southend University Hospital NHS Foundation Trust and West Middlesex University Hospital where she oversaw the merger of the Trust with Chelsea and Westminster NHS Foundation Trust and served as Chief Operating Officer at Barts Health NHS Trust supporting the Trust to move out of special measures.



Ms Arlene Wellman MBE,
Group Chief
Nursing Officer

Arlene qualified as a general registered nurse in Trinidad and migrated to the UK with the intention of training as a midwife. However, she fell in love instantly with elderly care nursing and has more than 20 years' experience in this specialty. Arlene holds a first degree in Health and Social Care for Older People and a Master's degree in Clinical Healthcare Practice. She has held various senior nursing roles across acute trusts, including Matron, Senior Matron and Divisional Nurse at Oxford University Hospitals NHS Trust. Arlene was appointed as Chief Nurse at Epsom and St Helier University Hospitals NHS Trust in February 2018, a role she served in until her appointment as Group Chief Nursing Officer as part of the St George's, Epsom and St Helier University Hospitals and Health Group in February 2022.

Non-voting Board members



Dr James Marsh,
Group Deputy
Executive
Officer

James has been at Epsom, Sutton and St Helier hospitals for more than 20 years, joining as a renal (kidney) consultant in 2003, before being made lead consultant for transplantation and, subsequently, clinical director for renal services. He was appointed as Deputy Medical Director in 2011. He graduated with first class honours from the University of Oxford in the mid-1980s, continuing his clinical training at Guy's Hospital where he earned a Distinction in pathology, surgery, pharmacology and therapeutics.



Dr Stephen Jones,
Group Chief
Corporate
Affairs Officer

Stephen has been Chief Corporate Affairs Officer at St George's University Hospitals NHS Foundation Trust since March 2018. He was previously Chief of Staff and executive lead for corporate governance at the General Medical Council. Prior to this, Stephen worked as Stakeholder Engagement Director on Co-operation and Competition policy at Monitor (now NHS Improvement). He also held a number of senior policy roles within the Department of Health, including on provider policy, the NHS Constitution and legislative reform, and served as Senior Private Secretary to the Minister for Quality. Prior to joining the Department of Health, Stephen was an adviser and inquiry manager to the House of Commons Defence Committee and a senior clerk in the House of Commons Research Service.



Angela Paradise,
Group Chief
People Officer

Angela joined St Georges, Epsom and St Helier University Hospitals on an interim basis in January 2024. Angela has a Masters in Law from Cambridge University and after graduating joined the Metropolitan Police as a serving Woman Police Constable based at Kensington in London.

After several years Angela moved into Human Resources and over the years has worked at Senior and Group HR Director in both the private, public and charity sectors. She has a wealth of experience in Banking, Legal, Retail, Telecoms, PR and Higher Education, as well as having worked in Healthcare at the Parliamentary Ombudsman, Medical Research Council, General Healthcare Group and on the NHS Covid Vaccination Programme.



Kate Slemeck,
Managing
Director for
St George's
Hospital

Andrew joined St George's in 2020 as Director of Estates and was appointed as Acting Group Chief Facilities, Infrastructure and Environment Officer in January 2023. He has overseen the development of a new estate strategy for St George's, together with delivering several significant capital projects and overseeing the estates response to Covid. In his Group role, he will be developing a Group estates strategy, working on the delivery of the Building Your Future Hospitals (BYFH) programme together with exploring the benefits of Group working across the estates and facilities teams at St George's and Epsom and St Helier.

Other Directors who served on the Board during 2023-24

During 2023-24, one other Non-Executive Director and two other Executive Directors served on the Trust Board who have since left the Trust:



Stephen Collier,
Non-Executive
Director

Stephen Collier served as the Chair of NHS Professionals. Stephen worked extensively in the private health sector, including a period as Chair of the NHS Partners Network – the trade association for private providers to the NHS. He is a Trustee of ReSurge Africa, a Scottish medical charity working in Ghana and Sierra Leone. Stephen took up the role of Non-Executive Director in October 2016 and, since June 2021, served as Senior Independent Director on the Board.



Mr Andrew Asbury,
Group Chief
Infrastructure,
Facilities and
Environment
Officer

(Until 3 March 2024)

Andrew joined St George's in 2020 as Director of Estates and was appointed Acting Group Chief Facilities, Infrastructure and Environment Officer in January 2023.

He oversaw the development of the new estate strategy for St George's, together with delivering several significant capital projects and overseeing the estates response to Covid-19. Prior to joining St George's and the NHS, Andrew worked in the higher education sector, including UCL and the Royal College of Art together with working client-side on several significant capital projects including the BBC's Broadcasting House, London 2012 and Terminal 5.



Mr Paul Da Gama,
Group Chief
People Officer

Paul da Gama joined St George's as our Chief People Officer in February 2021. Paul joined the Trust from West Hertfordshire Hospitals NHS Trust, where he had been Chief People Officer since 2014. Prior to joining West Herts, Paul was Director of Human Resources at Hinchingsbrooke Hospital. Paul began his career as a teacher, working in Japan and Poland, before joining banking group, HSBC, where he worked for 10 years. He has also worked at Royal Mail Group, where he held a variety of different senior HR roles.

Trust Board Attendance Register 2023-24

In 2023/24, the Board of Directors agreed to establish a Group Board with the Board of Directors of Epsom and St Helier University Hospitals NHS Trust, and the two Trust Boards have delegated extensive authority to the Group Board by amending the Scheme of Delegation and Reservation of Powers. With the exception of a private Trust Board meeting held to approve the Annual Report and Accounts for 2022/23, all Board meetings in 2023/24 were held as Group Board meetings. This included all meetings held in public during this period. Meeting as a Group Board enables the two Boards to take a Group-wide perspective on areas of common challenge and to provide leadership and oversight of the Group strategy and Group-wide risks and issues.

Board of Directors	Appointed Role	Eligible Period	Actual/Eligible Attendance
Voting Non-Executive Directors			
Gillian Norton	Chairman	1 April 2023 – 31 March 2024	6/6
Ann Beasley	Non-Executive Director	1 April 2023 – 31 March 2024	5/6
Stephen Collier	Non-Executive Director	1 April 2023 – 12 October 2023	3/3
Prof. Jenny Higham	Non-Executive Director	1 April 2023 – 31 March 2024	6/6
Chiew Yin Jones ³	Non-Executive Director	13 October 2023 – 31 March 2024	3/3
Peter Kane	Non-Executive Director	1 April 2023 – 31 March 2024	6/6
Dr Andrew Murray	Non-Executive Director	1 April 2023 – 12 January 2024	5/6
Tim Wright	Non-Executive Director	1 April 2023 - 31 March 2024	4/6
Voting Executive Directors			
Jacqueline Totterdell	Group Chief Executive Officer	1 April 2023 – 31 March 2024	5/6
Andrew Grimshaw	Group Chief Financial Officer	1 April 2023 – 31 March 2024	5/6
Arlene Wellman	Group Chief Nursing Officer	1 April 2023 – 31 March 2024	5/6
Dr Richard Jennings	Group Chief Medical Officer	1 April 2023 – 31 March 2024	6/6
Non-Voting Non-Executive Directors			
Chiew Yin Jones ¹	Associate Non-Executive Director	1 April 2023 –12October 2023	3/3
Non-Voting Executive Directors			
Andrew Asbury	Group Chief Infrastructure, Facilities and Environment Officer	1 April 2023 – 3 March 2024	4/5
Stephen Jones	Group Chief Corporate Affairs Officer	1 April 2023 – 31 March 2024	5/6

Paul Da Gama (on secondment since 1 January 2024)	Group Chief People Officer	1 April 2023 – 31 December 2023	3/4
James Marsh	Deputy Group Chief Executive Office	1 April 2023 – 31 March 2024	5/6
Angela Paradise	Group Chief People Officer	2 January 2024 – 31 March 2024	2/2
Kate Slemeck	Managing Director	1 April 2023 – 31 March 2024	6/6

¹ Appointed as voting member from 13 October 2023.

The Code of governance for NHS provider trusts requires the Trust’s Annual Report to set out each non-executive director it considers to be independent. The Board must determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director’s judgement. The Board is required to state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination.

The Board considers the following non-executives to have been independent for the purposes of this report for the year 2023/24: Stephen Collier, Tim Wright and Chiew Yin Jones. Gillian Norton, Ann Beasley, Peter Kane and Andrew Murray served on the Board

of Epsom and St Helier University Hospitals NHS Trust during 2023/24. The Board has considered and authorised the existence of a conflict of interest in relation to posts across the St George’s, Epsom and St Helier University Hospitals and Health Group. As a result, the Board considers that such interests across the hospital Group do not impact on the independence of these directors. Ann Beasley also chairs the Board of South West London and St George’s Mental Health NHS Trust. Jenny Higham is an appointed representative as Vice Chancellor of St George’s, University of London.

Non-executive directors are appointed for terms of office of three years. In the case of the associate non-executive director, the term is two years. The terms of office of our current non-executive directors are set out below:

Name	Current term of office	Term length	Previous term of office (if relevant)
Gillian Norton	1 April 2023 – 31 March 2025**	2 years	1 April 2020 – 31 March 2023 1 April 2017 – 31 March 2020
Ann Beasley	13 Oct 2022 – 12 Oct 2025**	3 years	13 Oct 2019 – 12 Oct 2022 13 Oct 2016 – 12 Oct 2019
Stephen Collier	13 Oct 2022 – 12 Oct 2023**	1 year	13 Oct 2019 – 12 Oct 2022 13 Oct 2016 – 12 Oct 2019
Jenny Higham	1 January 2016 (open ended)*	3 years	N/A
Chiew Yin Jones	2 March 2023 – 1 March 2025	2 years	N/A

Peter Kane	1 Oct 2021 – 30 Sept 2024	3 years	N/A
Andrew Murray	13 Jan 2023 – 12 Jan 2026	3 years	N/A
Tim Wright	26 September 2023 – 25 September 2024	1 year	26 September 2020 – 25 September 2023 26 September 2017 – 25 September 2020

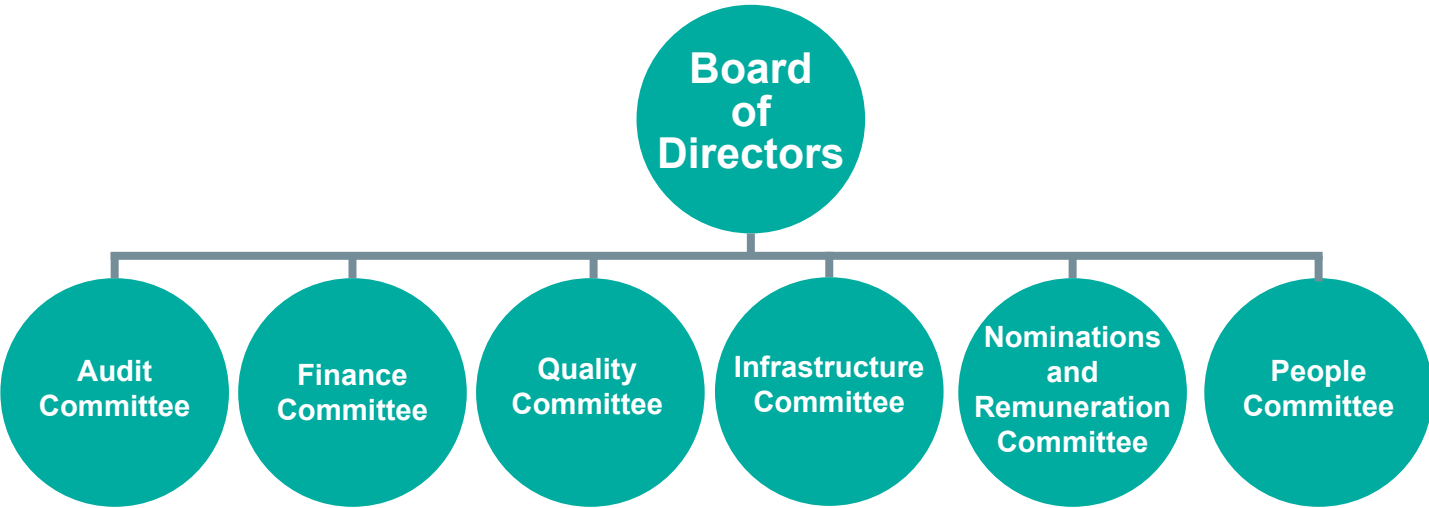
* Jenny Higham serves as a non-executive director on the Trust Board of Directors for the duration of her term of office as Vice Chancellor of St George’s University of London.

In 2023-24, the Trust engaged the support of two external agencies to support the recruitment of two Executive Directors. Saxton Bampfylde were engaged by the Trust to support the recruitment of a new Group Chief People Officer (GCPO).

Hunter Healthcare were engaged to support the Trust identify a new Group Chief Infrastructure, Facilities and Environment Officer (GCIFEO), following the departure of Andrew Asbury. The new GCPO and GCIFEO are scheduled to start at the Trust in July and August 2024 respectively.

Board Committee structure

During 2022-23, the Trust Board had in place six Board committees, as shown in the diagram below:



The Finance, Quality and People Committees met on a monthly basis throughout 20223-24. The Nominations and Remuneration Committee met on five occasions during this period. Each of these Committees met as Committees-in-Common with the equivalent committees of the Board of Epsom and St Helier University Hospital NHS Trust and ensured that the assurance needs of each Trust were appropriately met. The Audit Committee met five times during this period. At its meeting on 1 February 2024 the Audit Committee reviewed proposals for meeting as a Committee-in-Common with the Epsom and St Helier Audit Committee in 2024-25, and this was approved by the Board in February 2024.

Under the Committees-in-Common arrangements, each Committee of the St George’s Board retained its own Chair, its own separate terms of reference, and each needed to be quorate in its own right, reflecting the fact that the two Trusts within the group remain separate legal entities. The advantage of these in-common arrangements were that it facilitated a group-wide perspective on issues of shared focus, provided an opportunity to identify and share learning and good practice, support closer collaborative working within a robust governance framework.

Each Board Committee produced reports following each meeting summarising the key

Member/Attendees	Title	Meetings Attended/ Eligible to Attend
Peter Kane	Non-Executive Director, Committee Chair	5/5
Ann Beasley	Non-Executive Director	4/5
Tim Wright	Non-Executive Director	5/5
Chiew Yin Jones	Non-Executive Director	3/5

- During the period, the Committee:

 - reviewed the 2022-23 draft Annual Report and Accounts, including the Quality Account, and recommended that the Board approve and adopt these as a true and fair record, and considered the plan for the 2023-24 Annual Report.
 - reviewed any significant issues relating to the financial statements.
 - monitored the programme of internal audit based on which the Trust received a reasonable assurance rating of its systems and internal controls from its independent internal auditor, RSM UK Ltd.
 - received regular updates from the Trust’s counter-fraud specialist.
 - reviewed the Trust’s cybersecurity arrangements.

areas of focus, assurance and risk considered and these were considered at the Group Board meetings held in public.

The Committees also conducted annual effectiveness reviews to assess their performance and produce annual reports including proposed revisions to their terms of reference for the Board to consider each year.

Audit Committee

The Audit Committee has been established to ensure that that the Trust has effective mechanisms and systems of internal control. It provides the Board of Directors with an independent review of the Trust’s financial, corporate governance and risk management processes. It utilises the functions of independent internal and external auditors to provide assurance that these systems are sound and being adhered to across all areas of the Trust.

The Committee comprises four independent non-executive director members (including one associate non-executive director). The Group Chief Corporate Affairs Officer and Group Chief Finance Officer, as the relevant executive leads, attend each meeting of the Committee.

During 2023-24 the Committee held five meetings and attendance is recorded below:

- provided oversight of the management of losses and special payments.
- agreed a high level framework setting out the approach for how the Trust ensures that the internal audit reviews undertaken at one Trust within the group are shared with the ‘other’ Trust, and that appropriate learning is taken from these reports across the group.
- reviewed proposals for undertaking an external tender for external audit services jointly with Epsom and St Helier University Hospitals NHS Trust following the expiry of its current contract with Grant Thornton Ltd at the end of 2024-25.
- made a recommendation to the Board to meet as a Committee-in-Common with the Epsom and St Helier Audit Committee, with safeguards put in place to ensure the separation of statutory duties for each committee which acknowledge the two Trusts as separate legal entities

Finance Committee

The Finance Committee operated as a Committee-in-Common with the Finance

Members		Meetings Attended/ Eligible to Attend
Ann Beasley	Non-Executive Director, Chair	11/11
Stephen Collier	Non-Executive Director	6/6
Tim Wright	Non-Executive Director	9/11
Peter Kane	Non-Executive Director	11/11
Andrew Grimshaw	Group Chief Finance Officer	11/11
Kate Slemeck	Managing Director, SGUH	10/11
Dr Richard Jennings	Group Chief Medical Officer	9/11
Arlene Wellman	Group Chief Nursing Officer	6/11
James Marsh	Group Deputy Chief Executive Officer	11/11

During the period, the Committee:

- reviewed the delivery of the Trust’s financial plan in 2023-24 and the risks associated with delivery
- reviewed the delivery of the Trust’s Cost Improvement Programmes (CIPs).
- reviewed the development of the Trust’s financial plans for 2024-25.

Committee of Epsom and St Helier University Hospitals NHS trust throughout 2023-24.

The Committee assists the Trust to maximise its healthcare provision subject to its financial constraints, while considering patient safety. It achieves its aim by providing assurance to the Board that there are robust mechanisms in place to ensure that detailed consideration is given to the Trust’s financial position, that the Trust uses public funds wisely, and also provides assurance in relation to operational performance. Until the establishment of the Infrastructure Committee by the Board in July 2023, the Finance Committee also provided oversight and assurance in relation to estates and information technology.

The Committee membership comprises non-executive and executive directors. The Trust Chairman, Group Chief Executive Officer, Group Chief People Officer, and Group Chief Corporate Affairs Officer regularly attended the meetings of the Committee. During 2023-24 the Committee held 11 meetings and attendance is recorded below:

- losely monitored operational performance, including against emergency care operating standard, elective performance, productivity and activity levels.
- reviewed key risks and mitigations in relation to information technology.
- considered the Trust’s capital position and reviewed business cases for investment in the Trust’s services and infrastructure.
- reviewed risks relating to estates issues.

Responsibility for estates and IT transferred to the Infrastructure Committee from July 2023.

Infrastructure Committee

Newly established as a Committees-in-Common by the Board in July 2023, the Committee considers assurance across estates and facilities issues, including maintenance, facilities management, patient transport, and environmental sustainability. Health and Safety is also within the remit of the Committee.

In addition, the Committee is responsible

for information, digital and technology (IDT), including information management and data quality assurance.

The Committee membership comprises non-executive and executive director members. The Group Chief Infrastructure, Facilities and Environment Officer, the Group Chief Finance Officer and the Group Chief Nursing Officer regularly attended meetings of the Committee.

During 2023-24 the Committee held three formal meetings and attendance is recorded below:

Member/Attendees	Title	Meetings Attended/ Eligible to Attend
Ann Beasley	Non-Executive Director, Committee Chair	2/3
Peter Kane	Non-Executive Director	2/3
Andrew Murray	Non-Executive Director	2/3
Tim Wright	Non-Executive Director	3/3
Andrew Asbury	Group Chief Infrastructure, Facilities and Environment Officer	2/3
Andrew Grimshaw	Group Chief Finance Officer	3/3
Arlene Wellman	Group Chief Nursing Officer	1/3
Kate Slemeck	Managing Director – St George’s	2/3

During the period, the Committee:

- Received estates reports on Trust performance in responding to operational and maintenance issues and incidents.
- Received facilities assurance reports including Trust compliance with cleaning standards, security issues, health and safety training, and patient transport.
- Received deep dives across a range of estates and facilities issues
- Reviewed the Trust’s Premises Assurance Model to receive assurance on the safety and effectiveness of the Trust’s estates and facilities
- Received updates on the development of the Group Green Plan and how the Trust is delivering against its priorities in relation to environmental sustainability and achieving NHS Net Zero Carbon targets.

- Reviewed the board assurance framework risks and mitigations in relation to estates and digital
- Received updates on key critical IDT infrastructure projects including the implementation of the South West London Picture Archiving Communication systems (PACS) & Radiology Information Systems (RIS) and the South West London Electronic Patient Record (EPR)
- Considered the priorities and requirements for the Group Digital Strategy

The Committee also meets informally to receive assurance on critical infrastructure projects, as required.

Quality Committee

The Quality Committee operated as a Committee-in-Common with the Quality Committee of Epsom and St Helier University Hospitals NHS trust throughout 2023-24.

The Committee is responsible for examining and providing assurances on the level of risk to which patients are exposed, and the extent to which clinical outcomes requirements are being met.

The Committee membership comprises non-executive and executive directors. The Trust Chairman, Group Chief Executive, Group Deputy Chief Executive Officer, and Group Chief Corporate Affairs Officer regularly attended the meetings of the Committee. During 2023-24 the Committee held 9 meetings and attendance is recorded below:

Members		Meetings Attended/ Eligible to Attend
Andrew Murray	Non-Executive Director, Chair	9/9
Prof. Jenny Higham	Non-Executive Director	8/9
Peter Kane	Non-Executive Director	9/9
Chiew Yin Jones	Associate Non-Executive Director	4/9
Dr Richard Jennings	Group Chief Medical Officer	8/9

As part of its annual work programme, the Committee:

- monitored risks on the Board Assurance Framework and the Corporate Risk Register relating to patient safety and quality, as well as reviewing the quality and safety dimensions of risks relating to operational performance;
 - focused on quality concerns within the Emergency Department as a result of the continued pressure this service is under. This included monitoring the work being undertaken with system partners relating the increase in numbers of patients presenting to the EDs with concerns relating to mental health issues;
 - monitored Serious Incidents and Never Events. Undertook deep dives into Never Events where themes had been identified including within Theatres;
 - reviewed implementation of the new national Patient Safety Incident Response Framework which is being introduced from a national level . This included a particular focus on training of staff and ensuring engagement.
- monitored the Trust’s arrangements for and performance in relation to infection prevention and control;
 - continued a specific focus on the Trust’s maternity services, particularly in the context of the a trust wide CQC inspection and in relation to the safety actions in the Maternity Incentive Scheme;
 - received reports on quality, safety and operational performance in cardiac surgery;
 - received a report from the Royal College of Surgeons on its review of the Head and Neck Service;
 - Focused on safeguarding, medicines management, mortality monitoring.

People Committee

The People Committee operated as a Committee-in-Common with the People Committee of Epsom and St Helier University Hospitals NHS trust throughout 2023-24.

The Committee considers the development and delivery of workforce and education strategies, oversees and monitors workforce planning and performance and delivery of the Trust’s strategic aims in relation to workforce, staff wellbeing, compliance with regulatory

requirements in relation to workforce, and oversees the Trust’s culture, equality, diversity and inclusion programme, seeking assurance on progress and that management has taken corrective action where appropriate.

The Committee membership comprises non-executive and executive directors. The Group Chief Executive, Group Deputy Chief Executive and Group Chief Corporate Affairs Officer regularly attend the meetings of the Committee. During 2023-24 the Committee held 10 meetings and attendance is recorded below:

Members		Meetings Attended/ Eligible to Attend
Stephen Collier (to 12 October 2023)	Non-Executive Director, Chair	5/5
Chiew Yin Jones (NED to 12 October 2023 and Chair from 13 October 2023)	Non-Executive Director Chair	10/10
Andrew Murray	Non-Executive Director	9/10
Tim Wright	Non-Executive Director	8/10
Paul Da Gama (to December 2023)	Group Chief People Officer	7/7
Dr Richard Jennings	Group Chief Medical Officer	4/10
Angela Paradise (from January 2024)	Interim Group Chief People Officer	3/3
Arlene Wellman	Group Chief Nursing Officer	9/10
Kate Slemeck	Managing Director, SGUH	8/10
Andrew Grimshaw	Group Chief Finance Officer	1/10

During the year the Committee:

- reviewed key workforce performance indicators, including turnover rates, stability, sickness absence and training; as well as receiving regular updates on the impact of industrial action taken by various groups of staff during the year;
 - conducted deep dives into areas where the Committee felt that further assurance was required;
 - considered and monitored progress against the culture change programme, staff engagement plan, diversity and inclusion plans, and in relation to the Trust’s Workforce Race Equality Standard and Workforce Disability Standard position;
- received reports on staff health and wellbeing, as well as staff support counselling and mediation;
 - reviewed the Trust’s plans for and results from the annual NHS Staff Survey;
 - received reports on the results from the General Medical Council National Training survey;
 - received reports from the Trust’s Freedom to Speak Up Guardian, Guardian of Safe Working, and the Medical Revalidation Responsible Officer

- reviewed the new strategic risks assigned to the Committee on the Group Board Assurance Framework;
- reviewed the plans for developing culture, equity and inclusion across the group and the development of a People Strategy as a precursor to consideration by the Board.

Declaration of interests

St George’s is committed to openness, transparency and public accountability in its work and decision making. As part of that commitment, we maintain a register of interests declared (including gifts and hospitality) by members of the Board of Directors, Council of Governors and senior decision-making staff across the Trust. The Trust’s declarations can be found on the Trust’s website here: <https://stgeorges.mydeclarations.co.uk/declarations>.

Performance evaluation of the Board

The Trust has in place established processes for undertaking performance evaluations of Board members, both executive and non-executive. The Trust has a policy, agreed by the Council of Governors, which governs the appraisal process for the Chairman and other non-executive directors. The Council of Governors reviewed and approved an updated policy in May 2022. Annual objectives are agreed at the start of year. These are reported to the Council of Governors’ Nominations and Remuneration Committee for information. The annual appraisal of the Chairman and non-executive directors involves seeking multi-source feedback from other non-executives, executive directors, and Governors as well as, in the case of the Chairman, feedback from a broad range of external stakeholders. This multi-source feedback is shared with the relevant non-executive director on a non-attributable basis and informs the appraisal discussion. For 2023-24, multisource feedback on non-executive directors was sought from Board colleagues using the new Leadership Competency Framework published by NHS England in late February 2024.

The Chairman’s appraisal is undertaken by the Senior Independent Director and the other

non-executives’ appraisals are undertaken by the Chairman. The outcomes of the appraisals are shared with the Governors’ Nominations and Remuneration Committee. The Council of Governors has the power to appoint non-executives and also has the authority, subject to the provisions of the Trust’s Constitution and The Code of governance for NHS provider trusts, to remove non-executives in certain circumstances. In May 2023, the Council of Governors Nominations and Remuneration Committee considered the outcomes of the appraisals of the Chairman and non-executive directors in 2022-23 and, following this, the outcome of the appraisals was presented to the Council of Governors in private session.

The process for the appraisal of executive directors is broadly similar and involves multi-source feedback from other executives, their direct reports, and from non-executive directors. The appraisal process is typically undertaken every other year, and the outcomes are reported to the Board’s Nominations and Remuneration Committee. Appraisals for executive directors were held between August 2023 and January 2024.

The Board of Directors considers that there is an appropriate balance of skills and experience on the Board, and that the Board is constituted in such a way as to meet appropriately the requirements of the Trust. The skills mix among the non-executives is reviewed by the Council of Governors’ Nominations and Remuneration Committee and the skills mix among executive directors by the Board’s Nominations and Remuneration Committee.

NHS System Oversight Framework

NHS England’s NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four ‘segments’.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

St George’s University Hospitals NHS Foundation Trust has been placed in segment 2. This segmentation information is the Trust’s position at the time of writing this report. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website:

www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.

CQC Well-Led Framework

The Board is ultimately responsible for all aspects of leadership in the organisation and oversees the Trust’s compliance with the CQC’s well-led framework. A summary of the Trust’s position in relation to the framework is set out below:

Well-Led Framework: Summary of Trust position	
Key Lines of Enquiry [1]	Trust position
1. Is there leadership capacity and capability to deliver high quality, sustainable care	<ul style="list-style-type: none">• The Board and Council of Governors’ Nominations and Remuneration Committee regularly considers the skills mix on the Board of Directors.• The Trust has in place a substantive Executive team, and a site leadership team, as well as clear Divisional leadership, led by a Clinical Chair.• Senior leaders are visible across the organisation and routinely undertake visits across the Trusts’ sites and teams.
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver	<ul style="list-style-type: none">• A new group-wide strategy was agreed and published in May 2023.• The group strategy will be supplemented by a number of sub-strategies – quality and safety; people; digital; research and development; and estates – these corporate enabling strategies are being developed in 2024-25.• Implementation of these strategies is overseen by the Committees of the Board and the Board itself on a regular basis.
3. Is there a culture of high quality, sustainable care?	<ul style="list-style-type: none">• The Trust has put in place a programme to strengthen organisational culture, which is reviewed regularly by the People Committee and by the Board.• Culture is one of the organisation’s key objectives, which are closely monitored by the Board and Executive team.
	<p>2023-24 and was agreed by the Board in May 2024. This includes strategic priorities in relation to culture and domains on developing our workforce for the future and improving staff wellbeing.</p> <ul style="list-style-type: none">• The Board has been engaged in the development of a new Equality, Diversity and Inclusion plan, which prioritises work across the organisation to maximise impact and align with the High Impact Actions of the national EDI Plan published by NHS England in June 2023.
4. Are there clear roles and systems of accountability to support good governance and management?	<ul style="list-style-type: none">• There is a clear corporate governance structure at the Trust with clear lines of accountability. All Board Committees have Board-approved terms of reference and forward plans that are designed to meet the assurance requirements of the Board.• The Audit Committee oversees the systems of accountability, supported by external and internal audit.

5. Are there clear and effective processes for managing risks, issues and performance?	<ul style="list-style-type: none"> The Trust has in place a risk management policy and processes. The Board has agreed a Group Board Assurance Framework which tracks risks to the delivery of the group strategy and is supported in reviewing this by its Committees. The Corporate Risk register is overseen by Executive team via the Group Executive meeting and by relevant Board committees. The Audit Committee oversees the organisation's approach to risk management, and this is also subject to annual internal audit.
6. Is appropriate and accurate information being effectively processed, challenged and acted on?	<ul style="list-style-type: none"> The Committees of the Board review the quality of information provided to them on an annual basis and the Board considers the quality of information at Board development sessions. Board Committees and the Board offer robust challenge on all key operational, quality, people and financial performance metrics, as does the Executive.
7. Are the people who use services, the public, staff and external providers engaged and involved to support high quality sustainable services?	<ul style="list-style-type: none"> The Trust has in place a range of measures for ensuring the engagement and involvement of staff, from a formal staff engagement programme, pulse surveys, listening events, and engagement on, for example, strategy development. Patients and the public are engaged through a range of forums including the Patient Partnership and Engagement Group as well as through a number of other patient groups.
8. Are there robust systems and processes for learning, continuous improvement and innovation?	<ul style="list-style-type: none"> The Trust has in place robust arrangements to ensure effective learning and continuous improvement. A Quality Improvement Academy is in place to identify and spread good practice. There is a structured approach to learning from incidents, deaths, complaints, and claims. Through the group-wide governance arrangements introduced in 2022-23 there are also processes to facilitate learning and sharing of good practice across the St George's, Epsom and St Helier University Hospitals and Health Group. In 2023-24 the Group Board completed the NHS IMPACT Self-Assessment in order to better understand, and identify strengths and opportunities for development when applying an organisational / system wide approach to improvement and embedding each of the five components of NHS IMPACT. The Trust is in the process of rolling out the new Patient Safety Incident Response Framework, which will replace the existing Serious Incident Framework, and this has learning at its core.

[1] The CQC and NHS England published new Well Led guidance in April, 2024, which includes reviewed quality statements for the well led assessment, which replace these KLOEs. As the new guidance comes into effect from April 2024, the previous Well Led Framework is used in this report.

The Trust has used the Well Led framework to inform its overall assessment of the Trust's performance as set out in this annual report. The new Group Board Assurance Framework was developed to ensure that the core aspects of the framework were integrated into its approach. Likewise, each Committee of the Board considers the relevant well led domains within its terms of reference and reports on these through each Committee's annual report to the Board.

A new Well Led framework was published by the CQC and NHS England in April 2024 and the Trust is undertaking a detailed self-assessment against the eight domains in the updated framework, which will be completed later in 2024-25.

Better Payment Practice Code

The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

	2023-24 Number	2023-24 £000s	2022-23 Number	2022-23 £000s
Non NHS Payables				
Total non-NHS trade invoices paid in the year	119,983	477,658	107,405	414,591
Total non-NHS trade invoices paid within target	88,804	377,703	76,456	313,834
Percentage of non-NHS trade invoices paid within target	74.01%	79.07%	71.18%	75.70%
	2023-24 Number	2023-24 £000s	2022-23 Number	2022-23 £000s
NHS Payables				
Total NHS trade invoices paid in the year	3,556	61,167	3,779	57,740
Total NHS trade invoices paid within target	2,055	45,950	2,148	38,169
Percentage of NHS trade invoices paid within target	57.79%	75.12%	56.84%	66.10%
Total				
Total bills paid in the year	123,539	538,825	111,184	472,331
Total bills paid within target	90,859	423,653	78,604	352,003
	70.70%	74.52%	70.70%	74.52%

Remuneration report

St George's University Hospitals NHS Foundation Trust's remuneration report describes how the Trust applies the principles of good corporate governance in relation to directors' remuneration, as required by the Companies Act 2006, Regulation 11 and Schedule 8 of the Large and Medium Sized Companies and Groups (Accounts and Reports) Regulations 2008 and The Code of governance for NHS provider trusts.

The remuneration report comprises:

- annual statement of remuneration
- very senior managers' pay policy
- annual report on remuneration.

Nominations and Remuneration Committee

The Trust has a Board Nominations and Remuneration Committee and a Council of Governors Nominations and Remuneration Committee. Both work in tandem to ensure that there remains an appropriate balance of skills and experience on the Board. These Committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors respectively and gives consideration to both performance and succession planning, supporting the development of a diverse pipeline which takes into account the future challenges, risks and opportunities facing the Trust and the skills and expertise required within the Board of Directors to meet them.

The Committees aim to evaluate annually the balance of skills, knowledge and experience on the Board of Directors and each prepares a description of the role and capabilities required for appointment of executive (Board) and non-executive directors, including the Chairman (Council). The Board Nominations and Remuneration Committee makes decisions regarding pay for executive directors. It is also responsible for determining, on behalf of the Board, the broad policy for remuneration of the Trust's very senior managers (VSMs). In 2023-24, the Board's Nominations and Remuneration Committee has met as a Committee-in-Common with the equivalent Committee at Epsom and St Helier University Hospitals NHS Trust.

Attendance at the Nominations and Remuneration Committee is set out below:

Members		Meetings Attended/ Eligible to Attend
Gillian Norton	Trust Chairman, Chair	5/5
Ann Beasley	Non-Executive Director (Vice Chair)	5/5
Stephen Collier	Non-Executive Director	2/3
Professor Jenny Higham	Non-Executive Director	5/5
Peter Kane	Non-Executive Director	5/5
Tim Wright	Non-Executive Director	4/5

Andrew Murray	Non-Executive Director	5/5
Chiew Yin Jones	Associate Non-Executive Director	5/5

The Council of Governors' Nominations and Remuneration Committee determines the remuneration of non-executive directors, oversees the process for the appointment of new non-executive directors, and oversees the outcomes of annual appraisals of non-executives. During 2023-24 the Committee made no changes to NED remuneration. It oversaw the process for the appointment of one new non-voting associate non-executive director and one voting non-executive director. A new associate non-executive director was successfully appointed, but unfortunately a substantive appointment to the non-executive director position could not be made. The Committee also reviewed the outcomes of the NED appraisals and the objectives for the coming year, based on the policy on non-executive director appraisals which was approved by the Council of Governors in February 2022.

Senior managers' remuneration policy

The Committee reviews the remuneration arrangements of leadership team posts in line with NHS guidance. The Trust has a policy on diversity and inclusion which applies to all staff and the decisions of the Committee are taken in line with this.

Very Senior Managers' pay principles

St George's is committed to the overarching principles of value for money and high performance. The Trust recognises that it must attract and retain a high-calibre senior management team and workforce in order to ensure it maintains its long and short term strategic objectives, excellent standards of clinical outcomes and patient care, functions efficiently, and is well positioned to deliver its business strategy

Differences between remuneration for executive directors and other employees

The key difference between the remuneration of executive directors and other employees is that the fixed salary of executive directors is inclusive of a high cost area supplement, whereas for other employees this is a separate part of their pay. When setting remuneration levels for the executive directors, the Committee considers the prevailing market conditions, the competitive environment (in particular through comparison with other NHS trusts of similar size and complexity) and the positioning of pay and employment conditions across the broader Trust workforce.

Our workforce 2023-24 disclosures

Range of staff remuneration for 2022-23 (audited)

In 2023-24, the lowest annualised salary was £31.80 (2022-23 was £41.64). The highest paid was £498,559 (2022-23 £529,079). This is as per the payroll report and is distorted by bank staff and several variables such as prior year arrears payment

including clinical excellence award paid in 2023-24. The lowest paid salary of £27,516.74 compared to £20,270 in 2022-23.

The aggregate amount of expenses paid to directors, non-executive directors and governors was:

Executive Directors	Non-Executive Directors	Governors
£0	£0	£0

A statement on how pay and conditions of service are determined by the Remuneration and Nomination Committee is set out in the very senior managers' pay principles section of the Remuneration Report.

Fair Pay Disclosures (audited)

Table 1: Percentage change in remuneration of the highest-paid director

	Highest Paid Director		Average employee pay	
Year	Salary and allowances £ '000	Performance pay and bonuses £ '000	Salary and allowances £ '000	Performance pay and bonuses £ '000
FY 2023-24	205	0	43	1
FY 2022-23	154	0	40	4
% Increase/decrease	33%	0%	6%	-74%

Notes:

- In 2023-24, the highest-paid board member was Managing Director. In 2022-23 this was the Chief Executive Director. There is a 33% increase in the highest paid in 2023-24 compared to 2022-23, due to including the 50% recharge of the CEO to Epsom in the consideration for highest paid director.
- In 2023-24, 50% salary of the Chief Executive Officer, Chief Finance Officer, Chief Corporate Affairs Officer, Chief Medical Officer and Chief People Officer were recharged to Epsom and St Helier University Hospitals NHS Trust
- The highest-paid Managing Director received no performance pay and bonuses in 2023-24.
- There is a 6% increase in average pay for employees in 2023-24 compared to 2022-23. This excludes the highest-paid Managing Director.
- There is a 74% decrease in performance pay and bonuses (Local Clinical Excellence Awards) in 2023-24 compared to 2022-23.

Table 2 (audited)

The banded remuneration of the highest paid director in the financial year 2023-24 was £205k (2022-23 £154k). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Multiple table	2023/24	2022/23
Payroll costs (£000)	746,160	711,137
Whole time equivalent	10,552	10,180
25th Percentile	26.7	24.7
Median (£000)	37.4	35.2
75th Percentile	54.9	51.7
Highest paid director (£000)	205	154
25th percentile pay ratio	7.7	6.2
Median will fit into highest	5.5	4.4
75th percentile pay ratio	3.7	3.0

Table 3: Pay ratio disclosure (audited)

Year	25th percentile pay ratio	Median pay ratio	75th percentile pay ratio
FY 2023-24	7.7	5.5	3.7
FY 2022-23	6.2	4.4	3.0

Table 4: Pay ratio information table (audited)

FY 2023-24	25th percentile	Median	75th percentile
Total remuneration (£ '000)	27	37	55
Salary component of total remuneration (£ '000)	27	37	55
Pay ratio information	7.7	5.5	3.7
FY 2022-23	25th percentile	Median	75th percentile
Total remuneration (£ '000)	25	35	52
Salary component of total remuneration (£ '000)	25	35	52
Pay ratio information	6.2	4.4	3.0

Notes:

- Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the 25th, 50th (median) and 75th percentile remuneration of the organisation's workforce.

- The remuneration of the highest paid director compared to the lower quartile, median and upper quartile remuneration of the workforce
- Lower quartile, Median, and upper quartile – The median remuneration of the reporting entity's staff is the total remuneration of the staff member(s) lying in the middle of the linear distribution of the total staff, excluding the highest paid director. Similarly, lower quartile remuneration is the total remuneration of the staff members(s) on the 25th percentile of the linear distribution and the upper quartile on the 75th percentile of the linear distribution; for both, excluding the highest paid director. This is based on annualised, full-time equivalent remuneration as at the reporting period date 31st March 2024
- In 2023-24, the lowest annualised salary was £31.80 (2022-23 £41.64). The highest paid was £498,559 (2022-23 £529,079). This is as per the payroll report and is distorted by bank staff and several variables such as prior year arrears payment including clinical excellence award paid in 2023-24. The lowest paid annualised band in the Trust for the financial year of 2023-24 is £27,516.74 (2022-23 £20,270 (Band 1)).
- The calculation is based on full-time equivalent staff working for the Trust on 31 March 2024. Where staff are part time, their salaries have been annualised for the purposes of the pay ratio calculation and highest & lowest paid staff in the Trust.
- The mid point of banded remuneration of the highest paid Director within St George's University Hospitals NHS Foundation Trust in the financial year 2023-24 was £205k (2022-23: £154k)
 - This was 5.5times (2022-23: 4.4 times) the median remuneration of the workforce, which was £37k (2022-23: £35k).
 - This was 7.7 times (2022-23: 6.2 times) the lower quartile remuneration of the workforce, which was £27k (2022-23: £25k).
 - This was 3.7 times (2022-23: 3.0 times) the upper quartile remuneration of the workforce, which was £55k (2022-23: £52k).
- There has been an increase in Lower, Median and Upper quartile between 2023-24 and 2022-23, this is due to an increase in the highest paid director as the 50% recharge of the CEO to Epsom has been considered. In addition, a consolidated pay award of 5% for agenda for change in 2023-24.
- Total remuneration includes salary, benefits-in-kind, golden hellos and compensation for loss of office. It does not include employer pension contributions, termination payments and the cash equivalent transfer value of pensions
- There are 39 Staff member being paid more than the highest paid director this is due to Arrears, Additional Duties, Extra Sessions, Bank and Clinical Excellence Awards which have been paid in M12.
- The above disclosure is audited by the Trust's external auditors, Grant Thornton UK LLP.

Remuneration report (audited)

			2023/24						2022/23						
Name	Job Title	Period	Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits	Total	Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits	Total	
Executive directors			(bands of £5000) £000	Total to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000	total to the nearest £100						(bands of £5000) £000
Ms Jacqueline Totterdell	Group Chief Executive Officer	From 1st May 2017	155-160 *(Note 1)	0	0	0	0 *(Note 1)	155-160	150-155 *(Note 1)	0	0	0	0 *(Note 1)	150-155	
Mr Andrew Grimshaw	Group Chief Finance Officer	(CFO) from 19th June 2017 and (Deputy CEO) from 25th April 2019 to 31st Jan 2022	110-115 *(Note 1)	0	0	0	0 *(Note 1)	110-115	105-110 *(Note 1)	0	0	0	0 *(Note 1)	105-110	
Mr Stephen Jones	Group Chief Corporate Affairs Officer	From 5th March 2018	70-75 *(Note 5)	0	0	0	35-37.5	105-110	65-70 *(Note 5)	0	0	0	32.5-35	95-100	
Dr Richard Jennings	Group Chief Medical Officer	From 19th November 2018	120-125 *(Note 5)	0	0	5-10 *(Note 10)	135-137.5	265-270	100-105 *(Note 5)	0	0	5-10	52.5-55	165-170	
Kate Slemek	Managing Director - St George's	From 3rd February 2022 (See note 6)	205-210 *(Note 6)	0	0	0	27.5-30	230-235	195-200 *(Note 6)	0	0	0	0-2.5	195-200	
Angela Paradise	Group Interim Chief People Officer	From 3 January 2024 (See note 3)	25-30 *(Note 3)	0	0	0	0	25-30	0	0	0	0	0	0	
Arlene Wellman	Group Chief Nursing Officer	From 1st February 2022 (See note 4)	80-85	0	0	0	0 *(Note 4)	80-85	75-80	0	0	0	0 *(Note 4)	75-80	
James Marsh	Group Deputy Chief Executive Officer	From 1st February 2022 (See note 4)	130-135	0	0	0	0 *(Note 4)	130-135	125-130	0	0	0	0 *(Note 4)	125-130	
Non-executive Directors															
Ms Gillian Norton	Chairman (Chair Board/Council and Nominations and Remuneration Committee, Trust Board and Council of Governors)	From 1st April 2017	55-60	0	0	0	0	55-60	55-60	0	0	0	0	55-60	
Ms Ann Beasley	Non-executive Director (Chair of Finance and Investment Committee and Senior Independent Director).	NED from 13th October 2016. Senior Independent Director from 1st April 2021	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15	
Mr Timothy Wright	Non-executive Director	From 25th September 2017	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15	
Peter Kane	Non-Executive Director	From 1st October 2021	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15	
Mr Andrew Murray	Non-executive Director (Chair of Quality)	From 23 January 2023	10-15	0	0	0	0	10-15	0-5	0	0	0	0	0	
Chiew Yin Jones	Non-Executive Director	Associate Non-Executive Director 1 March 2023 to 12th October 2023. Non-Executive Director From 13th October 2023 (See note 9).	10-15	0	0	0	0	10-15	0-5	0	0	0	0	0	
Professor Jennifer Higham	Non-executive Director	From 1st November 2015 (see note 2)	0	0	0	0	0	0	0	0	0	0	0	0	
Leavers															
Mr Paul Da Gama	Chief People Officer	From 8th February 2021 to 31 December 2023 (See note 7)	50-55 *(Note 7)	0	0	0	17.5-20	70-75	75-80 *(Note 5)	1200	0	0	42.5-45	120-125	
Mr Stephen Collier	Non-executive Director (Chair Workforce and Education Committee)	NED from 13th October 2016. Senior Independent Director from 1st June 2021 to 12 October 2023 (See note 8)	5-10 *(Note 8)	0	0	0	0	5-10	10-15	0	0	0	0	10-15	
Note 1. Ms Jacqueline Totterdell & Mr Andrew Grimshaw- For FY22-23 the valuation from NHS Pensions Agency resulted in a net reduction during the year which under the guidelines is reported as a zero value pension related benefit as there is no pension contribution this year because they are over the Normal Pension Age (NPA).															
Note 2. Professor Jennifer Higham is the St George's University of London Medical School representative on the Trust Board. She is not remunerated by the Trust for her role on the Board.															
Note 3. Angela Paradise joined the Trust on 3rd of January 2024 as Interim Group Chief People Officer, there for no comparative information for 2022/23															
Note 4. Arlene Wellman and James Marsh has been recharged from Epsom and St Helier Hospital NHS Trust from 1st February 2022 as part of group management. Also, their pension related benefit will be disclosed by Epsom and St Helier Hospital NHS Trust.															
Note 5. 50% of salary recharged to Epsom and St Helier for Jacqueline Totterdell, Andrew Grimshaw, Angela Paradise, Paul da Gama, Stephen Jones, and Richard Jennings for FY 2023/24. Kate Slemek is St. George's managing director; therefore, there are no recharges for Kate.															
Note 6. Kate Slemek - For the FY22/23, the valuation from NHS Pensions Agency resulted in a net reduction during the year which under the guidelines is reported as a zero value pension related benefit.															
Note 7. Paul de Gama left the Trust board Chief People Officer on 31st December 2023															
Note 8. Stephen Collier finished his role as Senior Independent Directors on 12th October 2023															
Note 9. Chiew Yin Jones position changed from Associate Non-Executive Director on the 12th October 2023 to Non Executive Director on the 13th October 2023															
Note 10. The long term performance pay and bonuses for Dr Richard Jennings is from a Clinical Excellence Award.															

Pensions report (audited)

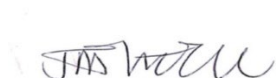
Name and job title	Period	2023/24								2022/23							
		Real increase in pension at pension age	Real increase in pension and related lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 01 April 2024	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's contribution to stakeholder pension	Real increase in pension at pension age	Real increase in pension and related lump sum at pension age	Total accrued pension at pension age at 31 March 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 01 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's contribution to stakeholder pension
		(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	£000	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	£000
Ms Jacqueline Totterdell, Chief Executive	from 1st May 2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mr Andrew Grimshaw, Chief Financial Officer and Deputy Chief Executive	from 19th June 2017 and from 25th April 2019	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mr Paul Da Gama, Chief People Officer	from 8th February 2021	0-2.5	0	30-35	0	477	49	348	0	2.5-5	0	25-30	0	348	29	289	0
Mr Stephen Jones , Chief Corporate Affairs Officer	from 5th March 2018	2.5-5	0	15-20	0	210	46	132	0	2.5-5	0	10-15	0	132	13	98	0
Dr Richard Jennings Chief Medical Officer	from 19th November 2018	5-7.5	27.5-30	85-90	240-245	490	0	1746	0	2.5-5	2.5-5	70-75	190-195	1,746	77	1,600	0
Kate Slemeck	from 3rd February 2022	0	57.5-60	60-65	155-160	1478	278	1065	0	0	0	50-55	90-95	1,065	0	1,110	0
<p>Note 10. McCloud judgement: The Court of Appeal ruling on 'protection', known as the McCloud judgement. From 1st April 2022 all active members will be members of the reformed scheme. All legacy pension schemes will be closed, including the 1995/2008 NHS Pension Scheme</p> <p>Note 11. - The method used to calculate CETVs changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) Indexation on 08th August 2019. This will affect the calculation of the real increase in CETV and does not affect the real increase in pension benefits. This is more likely to affect the 1995 section and the 2008 section.</p> <p>Note 12. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of non-executive directors.</p> <p>Note 13. The above disclosures are audited by Trust's external auditor.</p>																	

Pension scheme

As non-executive directors do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a result of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional benefit accrued to the member as a result of purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or an arrangement which the individual has transferred to the NHS pension scheme) and uses common market valuation factors for the start and end of the period.



Jacqueline Totterdell
Group Chief Executive

27 June 2024

Staff report

This year, we employed 10,359 staff, clinical and non-clinical, all of whom contribute to providing quality patient care in our hospitals and in the local community. The majority of the Trust's staff are permanently employed clinical staff directly involved in delivering patient care. We also employ a significant number of scientific, technical, and administrative staff who provide vital expertise and support. The table below provides a breakdown of our workforce.

Male and female

Staff group	WTE		%	
	Female	Male	Female	Male
Directors	9	11	45%	55%
Senior Manager (AFC 8c+)	98	72	58%	42%
All staff	6,596	2,746	71%	29%

Average number of employees

	2023-24			2022-23
TYPE	Permanently employed	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	1,605	198	1,803	1,686
Administration and estates	2,141	157	2,298	2,289
Healthcare assistants and other support staff	1,997	265	2,262	2,120
Nursing, midwifery and health visiting staff	2,724	467	3,191	3,132
Scientific, therapeutic and technical staff	875	123	998	953
Total average numbers	9,342	1,210	10,552	10,180

Number of employees (WTE) engaged on capital projects	28	17	45	45
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Sickness absence data

Sickness absence data for the financial year 2023-24 is published by NHS Digital and can be found here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Staff turnover

Information of staff turnover for 2023-24 is published by NHS Digital, and can be found here: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

Gender pay gap

Information on the gender pay gap can be found on the Cabinet Office website at: <http://gender-pay-gap.service.gov.uk>

Disclosures required by Health and Social Care Act

Total employee expenses

Cost	2023-24			2022-23
	Permanently employed	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	564,285	6,089	570,374	544,500
Social security costs	63,671	0	63,671	58,925
Apprenticeship Levy	2,422	0	2,422	2,736
Employer's contributions to NHS pensions	90,782	0	90,782	84,207
Pension Cost - employer contribution paid by NHSE on provider's behalf (6.3%)	49	0	49	95
Pension cost - other	0	0	0	0
Other post-employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	0	0	0	0
Temporary staff	0	18,862	18,862	20,674
Total gross staff costs	721,209	24,951	746,160	711,137

Expenditure on consultancy

Expenditure on consultancy	2023-24	2022-23
Consultancy costs (£k)	934	480

Staff exit packages

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	1	2	3
£10,001 – £25,000	0	0	0
£25,001 – £50,000	0	1	1
£50,001 – £100,000	0	0	0
£100,001 – £150,000	0	0	0
£150,001 – £200,000	0	0	0
Total number of exit packages by type	1	3	4
Total resource cost (£k)	£6	£47	£53

Exit packages: non-compulsory departure payments (audited)

Other (non-compulsory) departure payment	Agreements Number	Total Value of Agreements
		£0
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	3	47
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval	0	0
Total	3	47

Off-payroll engagements

Table 1: For all off-payroll engagements as of 31 March 2022 for more than £245 per day and that last for longer than six months	2023-24	2022-23
	Number of engagements	Number of engagements
Number of existing engagements as of 31 March 2021	16	8
Of which...	0	0
No. that have existed for less than one year at time of reporting	14	7
No. that have existed for between one and two years at time of reporting	2	1
No. that have existed for between two and three years at time of reporting	0	0
No. that have existed for between three and four years at time of reporting	0	0
No. that have existed for more than four years at time of reporting	0	0

Table 2: For all new off-payroll engagements, or those that reached six months duration, between 1 April 2021 and 31 March 2022, for more than £245 per day and that last for longer than six months	2023-24	2022-23
	Number of engagements	Number of engagements
Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	14	8
Of which:	0	0
Number assessed as within the scope of IR35	0	0
Number assessed as not within the scope of IR35	0	0
Number engaged directly (via PSC contracted to Trust) and are on the Trust's payroll	0	0
Number of engagements reassessed for consistency/assurance purposes during the year	0	0
Number of engagements that saw a change to IR35 status following the consistency review	0	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022	2023-24	2022-23
	Number of engagements	Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0	0

All foundation trusts must disclose the number of individuals in the capacity of a board member or senior manager having significant financial responsibility in the year. This includes both on-payroll and off-payroll engagements.

In any cases where individuals are included within the first row of this table, please set out:	Checks	Checks
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Details of the exceptional circumstances that led to each of these engagements.	0	0
Details of the length of time each of these exceptional engagements lasted.	0	0

Equality, diversity and inclusion

We have made some progress in achieving an inclusive culture at St George's, but we recognise there is more to do if we are to improve the experience of *all* our staff. As the largest healthcare provider in southwest London, the diversity of our workforce must reflect the communities we serve. We recognise the need to continue working towards this goal.

We are currently revising our plans and objectives to create greater alignment with [NHS England Equality, Diversity, and Inclusion Improvement Plan](#) specifically the six high impact actions.

This framework establishes a consistent standard of EDI practices across all NHS organisations, whilst also allowing organisations to be more aspirational where time and resources allow. We have already made good progress delivering against a number of these interventions, and this framework will allow us to focus our efforts.

Culture, Equity and Inclusion (CEI) Programme Committee

The St George's Culture, Equity and Inclusion committee is a bimonthly committee set up to oversee our culture and leadership programme, and the diversity and inclusion programme at site level. A separate group level CEI board provides group level oversight. The CEI committee is chaired by our MD Kate Slemeck and also includes representatives from each of our staff networks, and has divisional representation, to make sure we have a range of views and voices from across the organisation on these matters.

Staff networks

Our four networks launched in 2019 continue to work with our diversity and inclusion workforce team to deliver several events and initiatives to support our staff and patients. Our networks are:

- Black, Asian, and Minority Ethnic (BAME) Network
- Disability and Wellbeing (DaWN) Network
- LGBTQ+ Network
- Women's Network

Workforce Race and Equality Standard (WRES)

Since 2017, all healthcare providers have been required to publish their workforce data regarding ethnicity. This data helps organisations to understand and respond to the experience of Black, Asian and Minority Ethnic staff. In line with national requirements, our WRES report for 2022-23 was published in October 2023 and is available on the trust website. This WRES report is based on a snapshot of data from 31 March 2023 and our 2022 NHS Staff Survey results – this data is summarised below:

WRES indicator	2020	2021	2022	2023
Relative likelihood of white applicants being appointed from short listing across all posts compared to BAME applicants	1.47	1.47	1.26	1.5
Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	2.54	1.82	1.65	1.67
Relative likelihood of white staff accessing non mandatory training and CPD compared to BAME staff	1.05	1.03	0.98	0.95
Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	27.4%	27.3%	23.3%	27.0%
Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	30.8%	30.1%	25.9%	27.3%
Percentage of BAME staff believing the Trust provides equal opportunities for career progression or promotion	40.5%	41.1%	42.1%	43.8%
Percentage of BAME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	16.2%	18.0%	16.6%	16.9%
BAME Board membership	-25.9%	-33.1%	-31.4%	-40.1

Workforce Disability Equality Standard (WDES)

The WDES was introduced in 2019 and is designed to improve the experiences of people with disabilities working in, or seeking employment within, the NHS. This mandated collection of evidence-based metrics helps an organisation understand more about the experiences of its staff. These findings inform the organisation's WDES Action Plan, which aims to directly address inequalities faced by disabled members of staff. Our most recent WDES report, published in October 2023, reports on data from a snapshot date of 31 March 2023. You can view it on our website at: www.stgeorges.nhs.uk/about/living-our-values/equality-diversity-and-inclusion/wdes/.

Freedom to Speak Up Guardians

Staff are encouraged and supported to speak up about any concerns or suggestions they have about any aspect of their work and have various ways of doing so. The Trust has in place a clear policy that sets out how staff can raise concerns which reflects relevant national guidance from NHS England and the National Guardian's Office for Freedom to Speak Up.

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

Staff can raise concerns with:

- Any manager/ leader within their department

- Group Freedom to Speak up Guardian/ Champion
- Their Human Resource Adviser/ Manager
- Executive and Non-Executive leads for Freedom to Speak Up
- Any other Executive and non- executive
- Chairman

Staff can raise concerns in different ways such as:

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

Staff are also advised how they can raise concerns externally if they are unhappy with using any of the internal routes for raising concerns or if they indicate that after raising a concern they do not feel the concern was investigated in line with the Trust policy. These external routes include the Care Quality Commission, and recognised professional or union body. Staff with concerns about potential fraud are encouraged to raise concerns with NHS Counter Fraud.

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

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

Themes and trends in the concerns raised by staff that come to the FTSU Service are reported to the Trust Board and to the Board's People Committee. A group-wide FTSU team has now been formed, which will support staff across the St George's, Epsom and St Helier University Hospitals and Health Group, and as such will have a wider reach and more flexibility when supporting teams and groups of staff members. The team currently comprises of one Group FTSU Guardian and four Group Deputy FTSU Guardians covering all of the sites and services across the group.

Trade union facility time

Number of trade union representatives	37
Total FTE of trade union representatives	33.57
Number who spend between 1 – 50% of their time on Trade Union activities	37
Number who spend 100% of their time on trade union activities	0

Total Trust pay bill	£746,109,912.00
Total cost of facility time	£35,234.40
Percentage of total pay spent on facility time	0.005%
Hours spent on paid facility time	2,226.83
Hours spent on paid trade union activities	1,170.00
Percentage of total paid facility time hours spent on paid TU activities	52.54%

Statement of Accounting Officer's responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of St George's University Hospitals NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of St George's University Hospitals NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require St George's University Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of [name] NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

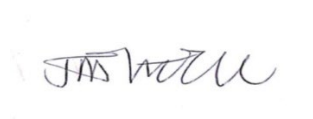
- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis • make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS 68 foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for

taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

A handwritten signature in dark ink, appearing to read 'JAS TOTTERDELL', is positioned within a light grey rectangular box.

Jacqueline Totterdell

Group Chief Executive

27 June 2024

Annual Governance Statement

Statement of Compliance with The Code of governance for NHS provider trusts

The Code of governance for NHS provider trusts replaced the former NHS foundation trust code of governance on 1 April 2023, and is modelled on the 2018 version of the UK Corporate Governance Code. St George's University Hospitals NHS Foundation Trust has applied the principles of The Code of governance for NHS provider trusts on a comply or explain basis and has met the new requirements related to required disclosures within this report.

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of St George's University Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in St George's University Hospitals NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has an approach to decision making that is informed by a full range of corporate, financial, clinical and quality governance processes, and ensures compliance with the five main principles of the corporate governance code: leadership, effectiveness, accountability, remuneration and relations with stakeholders, including ensuring the views of system and place-based partners are considered in our decision-making. The Trust undertakes an annual internal audit of its risk management systems and processes, and in 2023/24 the internal auditors found that the Trust could have reasonable assurance these processes.

There is an established governance framework, supported and maintained by a framework of committees, which contributes to the delivery of our strategic objectives and oversight of the organisation's future sustainability. The Trust Board has overall responsibility for the effectiveness of the governance framework and as such requires that each of its committees has agreed terms of reference which describes the duties, responsibilities and accountabilities, and describes the process for assessing and monitoring effectiveness.

The Board itself has standing orders, reservation and delegation of powers and standing financial instructions in place which are reviewed regularly. As the Accountable Officer, I support the Chairman in ensuring the effective performance of the Board and its committees and achieve this in a number of ways, including:

- monitoring attendance
- maintaining an overview of the quality of presented information, including agenda items and supporting evidence
- requesting the attendance of representatives from across the Trust when required
- ensuring that there is an annual declaration of interests by the members of the Board
- ensuring that each of the Board's committees reviews its own performance at least annually.

Senior leadership in corporate governance is provided by the Group Chief Corporate Affairs Officer who also acts as the Trust Secretary. Governance is embedded across the Trust's three clinical divisions which are each led by a divisional chair. The clinical divisions report into the St George's Site Leadership Team, which itself reports into the Executive, ensuring clear responsibility and accountability across the Trust.

Each division has an established governance structure which reports into the Trust-wide governance framework. This system provides central direction and oversight whilst supporting local ownership and management of objectives and risks. The Trust undertakes regular reviews of its governance structures including reviewing the effectiveness of its committees and groups.

The Trust has robust governance arrangements to support the delivery of key activities. The Trust Management Group is accountable to the Group Executive which, in turn, is accountable to the Board through the Chief Executive. The Group Executive comprises the Chief Executive and Group Executive Directors, including the Managing Director for St George's and is the most senior management group within the Trust. The Trust Management Group escalates issues to the Group Executive as required. There are three sub-groups of the Trust Management Group to provide leadership and oversight of key areas: Patient Safety and Quality Group; Operations Management Group; and People Management Group. Each of these groups reports into the Trust Management Group.

Issues identified by the CQC in its inspection of maternity services in March 2023 led to the Board seeking further assurance in terms of the robustness of clinical governance structures, systems and processes. It commissioned an independent quality governance review and appointed, on secondment, an NHS England Improvement Director to undertake this work. Phase 1 of the review was completed in April 2023.

During 2023-24, the Quality, Finance, People, Infrastructure and Nominations and Remuneration Committees have operated as Committees-in-Common with the equivalent Committees at Epsom and St Helier University Hospitals NHS Trust. The Trust's Audit Committee has continued to meet at a Trust level only to provide assurance to the Board in relation to governance, risk and internal control as the group model is embedded. From 2024-25 the Audit Committee will also operate as a Committees-in-Common, and appropriate measures are in place, which have been approved by the Board, to ensure that the Audit Committee, operating as a Committees-in-Common with its Epsom and St Helier equivalent, continues to provide effective assurance to the Board on governance, risk and internal control.

Staff receive training in risk management that is appropriate to their roles and duties. The Trust policy on risk management is made available to all staff in the organisation and this provides both the risk management framework and guidance to staff to handling and managing risk. Good practice in risk management is identified in discussions of risk through our governance framework and this captured both informally and formally through updates to our policy and guidance.

Risk and control framework

The Risk Management Framework and supporting procedures set out the key responsibilities for managing risk within the organisation, including ways in which the risk is identified, evaluated and controlled.

A risk management matrix is used to support a consistent approach to assessing and responding to clinical and non-clinical risks and incidents. The Trust's appetite for risk is articulated through the boundaries within the risk evaluation matrix that have been defined by the Board of Directors. Risks assessed as significant are monitored to ensure mitigating actions are undertaken to reduce them to an acceptable level. The process for the management and monitoring of risk assessments is defined within the Risk Management Framework and supporting procedures. All serious incidents and serious risks are reported to the Board of Directors via the established governance committee structures.

The Board Assurance Framework sets out the principal risks to delivery of key priorities and the Trust's overarching strategic objectives. The executive director with delegated responsibility for managing and monitoring each risk is clearly identified. The Board Assurance Framework identifies the assurances available to the Board of directors in relation to the achievement of the Trust's key objectives. The principal risks to the delivery of these objectives are mapped to key controls.

The Board Assurance Framework supports the process for monitoring ongoing compliance with the requirements for registration set by the Care Quality Commission (CQC), with mapping of the regulations to strategic priorities.

The Board has an agreed scheme of delegation and standing orders, and monitors compliance with these and with Trust policies and procedures. Certain procurement matters are reserved for the Board in the scheme of delegation, and this oversight helps to ensure resources are used efficiently and effectively.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

St George's has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

St George's has undertaken risk assessments on the effects of climate change and severe weather and a Green Plan is being developed following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is able to assure itself of the validity of its Corporate Governance Statement through reporting via the Trust's Audit Committee. The Committee scrutinises compliance with the Trust's Constitution and provider licence, The Code of governance for NHS provider trusts and with its Standing Orders, Standing Financial Instructions and Scheme of Delegation.

Risks to the Trust

Strategic Risks on the 2023-24 Group Board Assurance Framework		
Trust objective	Risk description	Mitigation
Collaboration and Partnerships	Strategic Risk 1: Working across our local systems	We continue to play an active role across our local system and with our Acute Provider Collaborative. Our Chief Executive is the lead CEO of the SWL APC and our Executive team is fully engaged in a number of SWL-wide forums to drive forward collaboration across our system in the interests of our patients. Our Board reviewed progress in relation to system working and our Integrated Care System at Board meetings on a regular basis, which enables the Board to shape our engagement across the system.
	Strategic Risk 2: Working with other hospitals through our Acute Provider Collaborative	
	Strategic Risk 3: Working together across our group	
Affordable Healthcare Fit for the Future	Strategic Risk 4: Achieving financial sustainability	In terms of financial risks, 2023-24 was a particularly challenged year. We rated the financial risk facing St George's as a risk score of 25 on the BAF, the highest possible score, which reflects the fact that we were unable to break even and deliver our plan in 2023-24. Capital remained very challenged but we continued to invest in our estates and ICT infrastructure.
	Strategic Risk 5: Modernising our Estate	In relation to our estates and IT, the Board took a decision to strengthen its approach to gaining assurance on these matters by establishing a new Infrastructure Committee, which operates and a Committees-in-Common with its Epsom and St Helier equivalent. The Infrastructure Committee has reviewed the Premises Assurance Model for the Trust, reports from Authorised Engineers, and updates in relation to soft facilities management.
	Strategic Risk 6: Adopting Digital Technology	On ICT, in addition to improving Board oversight through the establishment of the new Infrastructure Committee, the Trust has continued to ensure there is effective scrutiny at Board level of operational ICT risks facing the Trust, key ICT improvement programmes, and arrangements in relation to cybersecurity. In addition, the Committee, operating as a Committees-in-Common with its Epsom and St Helier equivalent, has overseen the implementation of a new Electronic Patient Records system for ESTH on a shared domain with St George's.
	Strategic Risk 7: Developing new treatments through innovation and research	In relation to research and innovation, we continue to have in place an existing research strategy for the Trust, while we develop our new group-wide research strategy. We also have close working relationships with St George's, University of London, with whom we share a site. The Translational Clinical Research Institute is now well-established and St George's has been designated as an NIHR Clinical Research Facility.

Right Care, Right Place, Right Time	Strategic Risk 8: Reducing Waiting Times	In relation to operational performance, our key area of focus has remained promoting effective flow through the hospital to ensure that patients receive the care they need, when they need it and in the right setting. This has included work to promote flow through our emergency department, as well as working with our partners, particularly our local mental health trust and local authorities, in relation to discharge. We monitor operational performance carefully at our Executive and through our Finance Committee.
	Strategic Risk 9: Improving patient safety and reducing avoidable harm	Maintaining safe services while managing operational and financial pressures has continued to be a key area of focus. We have in place arrangements to scrutinise the quality impact of cost improvement plans and monitor this through our Executive and Quality Committee. In 2023-24, we have focused in particular on strengthening quality governance in maternity services and more widely by taking actions to address the findings of the CQC in its recent inspection of maternity services and by commissioning an external review which is looking first at quality governance in maternity services before looking more broadly at quality governance at the Trust and across our hospital group. In addition, we have been particularly focused on actions to maintain safety in our emergency department given the operational pressures and challenges with discharge.
	Strategic Risk 10: Improving patient experience	In relation to patient experience, we have continued to take actions to strengthen how we engage with our patients, families and carers. This has included steps to improve our complaints processes.
	Strategic Risk 11: Tackling health inequalities	On health inequalities, we commissioned research to help us understand how best we can contribute as an acute provider to the wider efforts across our local health system to improve health inequalities. From this, we have developed plans to improve how we use our data to understand health inequalities as well as specific steps we can take to play an active role and make every contact count. This work is being overseen by our Executive and Quality Committee.
Engaged, Empowered Staff	Strategic Risk 12: Putting staff experience and wellbeing at the heart of what we do	The Trust has in place a number of support programme for its staff and a Board level Wellbeing Guardian is in place. The Trust has an established process through its "Big 5" programme, of taking the top five themes from the NHS Staff Survey and focusing an action plan on addressing these themes. Over the past year, there has been a particular focus on culture and psychological safety. We have also launched a programme of work to address violence and aggression against staff and a separate programme to address sexual violence in the workplace.
	Strategic Risk 13: Fostering an inclusive culture that celebrates diversity	Strengthening organisational culture has been a key priority over the past year, and the Trust has focused in particular in 2023-24 on implementing its CAPS programme (Culture and Psychological Safety) in response to the 2022 NHS Staff Survey. This work has been overseen by a Culture, Equity and Inclusion Programme Board chaired by the Chief Executive.
	Strategic Risk 14: Developing tomorrow's workforce	The Trust has in place an existing workforce strategy, while it develops a new group-wide approach with Epsom and ST Helier. We have in place clear workforce recruitment and retention targets and monitor these through our Executive team and People Committee. We are an active partner with our Acute Provider Collaborative colleagues in South West London Recruitment and, over the past year, we have established a new group-wide Staff Bank.

Review of economy, efficiency and effectiveness of the use of resources

Operational and financial performance is monitored monthly, via the monthly integrated quality and performance report, by the Finance Committee and by the Board. Performance against a range of quality metrics is monitored through the Quality Committee, and performance on workforce metrics by the People Committee. Cost Improvement Plans are subject to a rigorous Quality Impact Assessment process, the outcomes of which are reported to the Executive and Quality Committee. Our performance is reported through a number of key performance indicators (KPIs) through the appropriate regulatory framework. At the end of this reporting period, March 2023, the Trust was performing positively against a large number of key indicators. However, the outlook for 2024-25 remains extremely challenging and there are particular challenges relating to finance and capital pressures arising from the levels of backlog and estates work combined with a number of large projects, as well as the impact of on-going industrial action and the broader challenges across the health service.

The Board, supported by its committees, oversees the future sustainability of the organisation. One of the key strategic priorities agreed by the Board is affordable healthcare, fit for the future, and through the Board Assurance Framework, the Board regularly monitors the risk to the delivery of this strategic priority.

Information governance

The Board is aware of the importance of maintaining high standards of information governance (IG), including protecting the confidentiality of patient and staff information.

The Digital Assurance Group (DAG) oversees the completion of the Data Security and Protection Toolkit (DSPT) on an annual basis, as well as reviewing information governance incidents and all other IG activities. Group Chief Financial Officer is our Senior Information Risk Officer (SIRO), and a senior consultant is the Caldicott Guardian. The Trust also has an information governance management team which includes our Chief Information Officer, the Data Protection Officer, and Information Governance Manager. We have a range of policies, procedures, and training to ensure that all staff are aware of information governance requirements. The achievement level assessed within the DSPT provides an overall indicator of compliance against the National Data Security Standards.

During the financial year 2022-23, there was an incident reported to the Information Commissioner's Office (ICO). However, the ICO confirmed that no further action will be taken against the Trust. The IG team is working together with other stakeholders to implement the Data Protection Accountability Framework.

Our Information Governance Assessment Report

The completion date of the 2023-24 NHS Data Security and Protection Toolkit (DSPT) is the 30 June 2024. The 2023-24 DSPT submission is being prepared at the

time of writing. It is a mandatory requirement of the DSPT that at least 95% of Trust members complete Data Security and Awareness/Information Governance training. At the time of writing, work is still ongoing to reach the 95% target for the 2023-24 toolkit. The DSPT is currently being audited, which is a mandatory requirement. In 2022-23 the Trust achieved “Approaching standards Met” as the 95% information governance training target was not met.

The Trust is required to report all Data Security and Protection incidents meeting the reporting criteria to the Information Commissioner’s Office, and dependant on incident to the Department of Health and Social Care (NHS Digital), NHS England and the National Cyber Security Centre within 72 hours. There were five such Information Governance reports to the Information Commissioners Office between April 2023 and March 2024. No further action was taken.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, and the Audit Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes that have been applied in maintaining and reviewing the effectiveness of the system of internal control by the Board and Audit Committee are set out below.

On behalf of the Board, our Board Committees regularly review the Integrated Quality and Performance report (IQPR) from the perspective of their remit. The Board also reviews this at each public meeting. The monthly IQPR report details national priority and regulatory indicators including safety, clinical effectiveness and patient experience. The report is supplemented by more detailed briefings on any areas of adverse performance. In addition to this, our divisional directorates hold monthly performance review meetings with their care groups and individual services, and the Trust Management Group provides oversight of Divisional performance.

The Audit Committee provides the Board of Directors with an objective review of financial and corporate governance and internal control within the Trust, thereby providing independent assurance on them to the Board. In addition, it reviews and independently scrutinises the Trust’s systems of clinical governance, internal control and risk management thereby ensuring, through proper process and challenge, that integrated governance principles are embedded and practiced across all the Trust’s activities and that they support the achievement of the Trust’s objectives. It also reviews the integrity of financial statements prepared by the Trust.

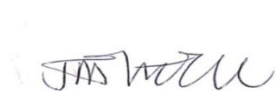
Internal audit reports are issued to and followed-up with the responsible executive directors and the results are reported to the Audit Committee. Internal audit reports are also made available to our external auditors, who may rely on them in arriving at their annual opinion. In addition to the planned programme of work, internal audit provides advice and assistance to senior management on control issues and other matters of concern.

The executive directors and managers have taken all the steps that they ought to have taken to make themselves aware of any such information and to establish that the auditors are aware of it.

The Board Assurance Framework provides the Board with evidence that the effectiveness of the controls used to manage the risks to the organisation in achieving its strategic objectives have been regularly reviewed. The Trust's committee structures ensure sound monitoring and review mechanisms to make certain that the systems of internal control are working effectively. Other sources of information include: the views and comments of stakeholders; patient and staff surveys; internal and external audit reports; clinical benchmarking and audit reports and mortality monitoring; and reports from external assessments. I am confident as to the effectiveness of the system described above and that conclusion is informed in a number of ways.

Conclusion

The Head of Internal Audit has provided reasonable assurance that no significant internal control issues have been identified. The opinion is that overall reasonable assurance could be provided, and that the controls are generally sound and operating effectively. Through review of these assurances, the Board has considered any issues that fall within the definition of 'significant issue' according to the requirements of this governance statement.



Jacqueline Totterdell
Group Chief Executive

27 June 2024

Additional disclosures

Emergency preparedness, resilience and response (EPRR) assurance process 2023-24

What is Emergency, Preparedness, Resilience, and Response (EPRR)

The acronym EPRR stands for “Emergency, Preparedness, Resilience, and Response”. EPRR is defined by a series of statutory responsibilities under the Civil Contingencies Act (2004). This requires NHS-funded organisations to maintain a robust capability to plan for, and respond to, incidents or emergencies that could impact on patient, staff and services.

Role of the Emergency Preparedness Team

The Emergency Preparedness Team is made up of the 1 x Emergency Planning Manager (Band 8b) and 1 x EPRR Officer (Band 7). The Team will coordinate the maintenance of internal emergency and resilience agenda including business continuity plans and pandemic planning to ensure the resilience of the Trust in an emergency. To develop and coordinate an internal and where appropriate, a multi-agency programme of training and testing. The EPRR team provides advice, guidance, information, training, and support to the Trust at all levels and will be the Trust’s representative at multi-agency planning meetings with relevant external partners.

NHS Core Standards for EPRR:

As part of the NHS England EPRR framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical, and business continuity incidents whilst maintaining services to patients.

EPRR Assurance process 2023-24

Annually, all NHS funded organisations are asked to provide an assurance return against the Emergency Preparedness, Resilience, and Response (EPRR) core standards. The London regional office then holds individual face to face review meetings with each organisation to discuss and agree a level of compliance. The Trusts overall level of compliance is based on the total percentage of amber and red ratings. The following RAG ratings were agreed at the review meeting.

The assurance process identified some areas for improvement in our current arrangements and agree that this year, our overall level of compliance against the **2023-24** core standards for EPRR is **Substantially Compliant**. This is an improvement of the **2022-23** outcome of **Partially Compliant**.

See (**Figure 1.**) EPRR assurance outcomes below.

(Figure 1.) EPRR assurance outcomes

2023-24 EPRR assurance outcome		
Red ratings	Amber ratings	Green ratings
0	1*	67
*Amber (01)-Core Standard 49: Data Protection Toolkit		
2022-23 EPRR assurance outcome		
Red ratings	Amber ratings	Green ratings
0	8	56

Chemical Biological Radiological Nuclear and explosive (CBRNe) audit outcome.

The Trusts CBRNe arrangements were audited by London Ambulance Service (LAS) as part of the overall assurance process. Several areas of best practice were identified including the Trust CBRNe and aligned action cards.

Priorities for 2024-25

The Trust will prioritise the following tasks over the following assurance period:

- Major Incident and Mass Casualty Plans to be updated, utilising learning from exercises and incident responses.
- Update all Business Impact Assessments (BIA/s) and Business Continuity Plans to align with current legislation, guidance, and lessons identified, including the development of downtime procedures.
- Further development and expansion of CBRNe-MIMC Training program.

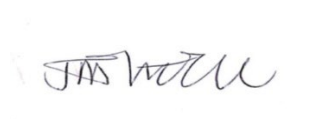
Modern Slavery and Human Trafficking Act 2015

Like all public sector organisations, we are committed to upholding the provisions of the Modern Slavery and Human Trafficking Act 2015.

We take very seriously our commitment towards ensuring that no modern slavery or human trafficking takes place in our supply chains or in any part of our organisations, or across the many services we run out of St George's, Queen Mary's, as well as in the community.

Our internal policies reflect our commitment to acting ethically and with integrity in all our interactions – with staff, patients and suppliers of goods and services. We have also developed a Modern Slavery and Human Trafficking Statement in line with the Modern Slavery Act 2015. This statement outlines our due diligence on modern slavery in respect of our supply chain; details of relevant policies and processes in place to ensure we are conducting our business in an ethical and transparent

manner; details of the relevant training which facilitates staff awareness of the signs of modern slavery and the process for raising safeguarding concerns; and assurance in respect of our pre-employment checks. This statement can be found on the Trust's website here <https://www.stgeorges.nhs.uk/about/st-georges-and-the-modern-slavery-act>, and is reviewed, updated and approved by the Board of Directors on an annual basis



Jacqueline Totterdell
Group Chief Executive

27 June 2024

St George's University Hospitals NHS Foundation Trust

Quality Report (Account) 2023-24

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Part 1

Statement on quality from the Chief Executive

I am pleased to introduce our Quality Report, which outlines our progress in advancing the quality of services for our patients. This document summarises the key milestones and challenges as we work continually to improve services and put patients at the forefront of everything we do. The Quality Report also highlights the collaborative work across GESH (St George's, Epsom and St Helier University Hospitals and Health Group; the Group).

We have continued our plans to improve kidney care in South West London, Surrey, and beyond, which will be transformed into a specialist renal unit designed to treat the most seriously ill patients. NHS England and the Department of Health and Social Care have approved St George's, Epsom and St Helier University Hospitals and Health Group to proceed with more detailed plans. The proposed state-of-the-art facility, which will be based at St George's, will be used by patients who currently receive care at St George's and St Helier hospitals and will be one of the largest renal services in the UK. Our plans will help transform the quality of kidney care in the region by having specialist inpatient care in one place. The local delivery of most outpatient care and dialysis will still occur close to people's homes, with 95% of patients continuing to receive care and treatment in local hospitals, clinics and at home.

Our plans for the implementation of the new Patient Safety Incident Response Framework (PSIRF) have been driven at a Group level for implementation at our Hospital Sites to reduce any unwarranted variation in our processes. We expect that PSIRF will be fully implemented across all services by the end of June 2024, but this is taking place in a phased, controlled way that ensures robust ongoing scrutiny of patient safety incidents.

In addition to improvements in care, we have also made progress with upgrading the environments in which patients are treated—for example, the modernisation of our emergency department and upgrading our cardiac catheter labs, and the refurbishment of one of our surgical wards in St James Wing to deliver a dedicated 22-bed Major Trauma Ward.

While these examples demonstrate some of our many accomplishments, there is still room for improvement. This year, again, we have seen unprecedented demand for urgent and emergency care. In addition to higher attendance, we have seen a significant increase in the complexity of the needs of the patients we admit. This increased demand and severe operational pressures have meant that for some of our patients, we were not able to ensure they were seen, treated, and either admitted or discharged within four hours. Presentations from people with mental health needs also remain significant, and we are working with local partners to ensure that people get the best care in the right place at the right time.

For the past 25 years, St George's University Hospitals (SGUH), in partnership with the Royal Marsden, has been the primary provider of children's cancer services for South London and large parts of the South East of England. In September 2023,

NHSE launched a public consultation on the proposed future location of the PTC in our catchment. Two options were considered: SGUH in concert with the Royal Marsden and the Evelina London Children's Hospital. Following a public consultation and options appraisal process, on 14 March 2024, NHSE selected Evelina London Children's Hospital as the future PTC location for children's cancer services. This move will take effect in October 2026 at the earliest. There has been significant public opposition to NHSE's decision. Our local councils and MPs have written to the Secretary of State for Health, highlighting their concerns. We continue to work alongside the Royal Marsden to provide outstanding care to children and young people with cancer.

In March 2023, the overall rating for maternity services at St George's was lowered from 'Good' to 'Inadequate'. Reasons for the rating are related issues of safe staffing, triage and governance processes. The Trust is actively working to address these issues and has taken immediate steps in response to the CQC's recommendations. This includes strengthening services by investing in staffing levels and taking remedial action regarding environmental issues.

We took our self-assessment of our compliance with the CNST Clinical Negligence Scheme for Trusts (CNST) for maternity services to the Trust Board in January 2024. The self-assessment identified our compliance with 9 out of 10 safety actions. On review of the self-assessment CNST awarded full compliance to the Trust given the improvement work undertaken in the year and the investment in staffing as referenced above. Full compliance with all ten safety actions was then further endorsed by the Integrated Care Board.

Additionally, in February 2024, the CQC published a report from its 2023 survey of women and birthing peoples' experiences of maternity care in England. The report indicated that our Group scored in the top two in London for care given to women and their babies. The findings demonstrate that people have confidence in our maternity services and trust our staff – a testament to the professionalism and compassion our staff show daily. Our staff have also been praised for treating women and birthing people with kindness, compassion, dignity, and respect.

We are proud of these accomplishments; however, it is equally important to strive for continuous improvement. To this end, one of our Quality Priorities for 2024/25 focuses on the oversight of key safety metrics in maternity services.


February marked the second anniversary of working together as a Group. Over this time, we have consistently seen the benefits of working at scale. Our next steps are focused on setting a Group vision that fosters high-performing teams. This is crucial in driving our vision of improving the experience and health of our patients, a mission that lies at the heart of our organisation. We also aim to be innovative while reducing costs and enhancing workplace experience for our workforce.

I am inspired by how much our teams at St George's have achieved during periods of exceptionally high operational pressure while supporting the safety of our patients. I want to extend my thanks to our staff for continuing to deliver compassionate and outstanding care for our patients during another challenging year.

While we have achieved many things in a short time, there is still more to do. Our attention is now firmly on advancing the Group's strategies and improving finance and efficiency, quality and performance, and workforce at a local and system level.

To the best of my knowledge the information contained in this document is an accurate and true account of the quality of the health services we provide.

Jacqueline Totterdell

A handwritten signature in dark ink, appearing to read 'J Totterdell', is positioned above a horizontal dotted line.

Group Chief Executive

27 June 2024

Part 2

2.0 Priorities for improvement and statements of assurance from the board

2.1 Our quality priorities for 2024/25

Our quality priorities flow from our five year strategy, published in May 2023.

Our vision is to deliver outstanding care, together:



A central part of our strategy is delivering ‘the right care, in the right place, at the right time’. For us that means that by 2028, waiting times for our services will be among the best in the NHS, and we will have an outstanding safety culture, delivering lower than expected mortality rates and a reduction in avoidable harm. We will also be improving outcomes and patient experience, and working with our partners to tackle health inequalities in our communities.

We will deliver our vision through:

1. Local improvement: Continuous improvement, pursued by teams of staff at every level in our organisations, from Board to ward, within a common framework of priorities. For 24/25, those shared priorities are:



*Our quality priorities (set out later in this Quality Account) set out in more detail how we will measure progress on this objective.

2. Corporate enablers: action led by individual corporate departments, working with clinical teams. In 2024/25, priorities with a particular impact on quality and safety include:

- Bringing together our corporate nursing and medicine teams across the Group, delivering benefits of scale and cross-site learning/sharing of best practice.
- Agreeing and starting to implement a new Quality and Safety strategy - with an early focus on strengthening our quality governance and oversight

3. Strategic initiatives: nine large, complex, long-term, Board-led, transformational programmes of work. All of these will have an impact on quality of care, and our ambitions for 24/25 are set out for each below.

Our Approach to Quality Improvement

Building a Continuous Improvement Culture across and GESH group

This year has marked some important milestones in our progress towards creating a continuous improvement culture across the GESH group. They include the appointment of a Group Director of Continuous Improvement and the launch of NHS IMPACT (improving patient care together), which provides NHS organisations with a shared framework to guide improvement within and across organisations.

We have also formally established the High Performing Teams strategic programme which brings together specialists from both organisations to lead improvement across the group. The following table describes its core workstreams, with brief outlines of some of the work underway or completed over the past year:

Workstream Name	Purpose	Activities
Shared Vision & Purpose	To lead and support teams at all levels to identify and agree their improvement priorities, aligned to the Group's strategic priorities	<ul style="list-style-type: none"> Supporting site teams to embed CARE priorities as part of business planning processes Developed & launched communications campaign enabling staff to understand how their work contributes to strategic goals
Building Capability	To train, coach and support a growing community of improvement leaders across the group	<ul style="list-style-type: none"> Delivered specialist (6 month) Leading Improvement practitioner programmes to more than 80 staff across both organisations. Delivered quality improvement training sessions to c150 senior nursing leaders and junior doctors <p>In all cases, each staff member has, or is leading an improvement project to embed their learning.</p>
Building Leadership Behaviours for Improvement	Equipping our leaders with the skills to create an environment where continuous improvement is embedded into day-to-day life.	<ul style="list-style-type: none"> Designed and delivered the leading improvement module on the Kings Fund Programme for our care group leads and clinical directors across the group Delivered bespoke workshops for local and programme teams across the group including pharmacy at ESTH, outpatients

		at SGH and renal integration.
Embedding Improvements	To develop and embed continuous improvement ways of working into management systems & processes	<ul style="list-style-type: none"> This is workstream is in its infancy, but aligned to NHS IMPACT we have completed a group-wide assessment to identify current strengths and areas for improvement
Invest in People & Culture	Ensure strong alignment and collaboration across the High Performing Teams and site / group culture development programmes	<ul style="list-style-type: none"> Group leadership training & programmes co-designed in Continuous Improvement and Organisation Development (OD) teams OD & Group Strategy teams embedded in improvement training workshops

In addition, members of the Continuous Improvement team are embedded within some of our group's largest programmes including theatres improvements at Epsom and St Helier, VTE improvement, maternity services at St George's and renal services integration.

They have also provided specialist coaching support to countless improvement projects, particularly to those staff participating in the many improvement training workshops and established a dedicated 'Community of Practice' group for improvement leaders at Epsom and St Helier.

It has been a busy year building upon existing activities and embarking on new lines of work.

Our quality priorities for 2024/25

We identified our quality priorities under three quality themes:

- **Priority 1 – Improve patient safety:** having the right systems and staff in place to minimize the risk of harm to our patients and, if things do go wrong, to be open and learn from our mistakes
- **Priority 2 – Improve patient experience:** meeting our patients' emotional as well as physical needs
- **Priority 3 – Improve effectiveness and outcomes:** providing the highest quality care, with world class outcomes whilst also being efficient and cost effective

Our Quality Priorities for 2024/25 were informed by:

- Progress against the Quality Priorities for 2023/24
- Themes highlighted from our ward and departmental accreditation programme
- The findings of the 2019 CQC inspection and the resulting improvement action plan which we implemented during 2020-21

- The findings of the 2023 CQC inspection of Maternity Services (Safe and Well Led) and the resulting improvement action plan
- Analysis of our complaints and PALs enquiries
- Analysis of our serious incidents and moderate and low harm incidents
- Local and national audit
- National priorities for sepsis, safe staffing, falls, pressure ulcer prevention, and infection prevention and control

Why we identified our Quality Priorities for 2024/25

In recent years we have rolled forward the quality priorities to provide a longer period of time to generate real improvement due to the Covid-19 pandemic.

Last year we took a different approach and held a half-day workshop where we discussed and re-set our quality priorities for 2023/24 with key stakeholders. Our key stakeholders comprised colleagues from Epsom and St Helier Hospitals and the Integrated Care System.

This year we are developing the gesh Quality and Safety Strategy 2024-2029 and to date have held a number of internal listening events with senior colleagues and discussion sessions with the Group Board. With reference to our Quality Priorities 2024/25 we are keen to measure the impact of the integration of Corporate Nursing Services across the Group with the aim of reducing variation and improving outcomes for patients. We also want our Quality Priorities to deliver against the gesh Quality and Safety Strategy 2024-2029.

We recognise that the NHS is operating in a difficult environment. We face major financial and workforce pressures, with growing demand for our services. Waiting times (for planned and unplanned care) are much worse than we want them to be, impacting on patient experience and outcomes.

But our aspirations remain high. Our aspiration by 2028 is to deliver outstanding care together: waiting times among the best in the NHS, lower than expected mortality rates and a reduction in avoidable harm, improved outcomes and patient experience and reduction in health inequalities.

The route to delivering those aspirations is not going to be to spend more money on additional staff or capacity – indeed the financial context is going to get harder. Instead our strategic priorities are based on the pillars of strong governance, shorter waits and being a learning organisation.

The gesh Quality and Safety Strategy 2024-2029 is scheduled to be approved by the Group Board in July 2024.



Linking our quality priorities to our 5-year strategy for St George's, Epsom St Helier (gesh) Group (2023-2028)

Our 5-year strategy for St George's, Epsom St Helier (gesh) Group (2023-2028) as outlined above has identified the following domains:

- Collaboration and Partnership
- Affordable healthcare, fit for the future
- Right care, right place, right time
- Empowered, engaged staff

With reference to the gesh strategy our quality priorities for 2024/25 will help us to deliver against the domain of Right care, right place, right time.

With reference to the Quality and Safety Strategy our quality priorities for 2024/25 will help us to deliver against our strategic priorities for Stronger Governance, Shorter Waits and being A Learning Organisation.

Priority 1 – Improve patient safety

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

In 2024/25 we want to continue to focus on fundamentals of care and getting the basics right every time in terms of screening, risk assessments and review.

We want to learn from all patient safety incidents to reduce avoidable harm and we want to strengthen the governance and quality of our maternity services and extend this approach to all services.

In order to address these patient safety priorities, we will continue to work collaboratively across the St George's and Epsom and St Helier University Hospitals Health Group.

Priority 1 – Improve patient safety 2024-25			
Domain from 5-year Clinical Strategy: Right care, right place, right time			
Reduce waiting times	Improve patient safety	Improve patients' outcome and experience with us	Tackle health inequalities
	√	√	
Quality and Safety Strategy			
Strong Governance	Shorter Waits	A learning Organisation	
√			√
What	How	What will success look like	
P.1.1 Delivering the fundamentals of care	We will get the basics right every time and consistently complete risk assessments in line with expected standards of performance	<p>With reference to pressure ulcer prevention there will be:</p> <ul style="list-style-type: none"> • no category 4 pressure ulcers • a 10% reduction in the total number of category 3 pressure ulcers when compared with the previous year (approximately 20 cases) <p>With reference to VTE there will be:</p> <ul style="list-style-type: none"> • a consistent approach to data capture across the Group will be established before the end of Q2 • We will see 95% of VTE assessment within 14 hours of admission (in line with Nice Guidance) in Q3 and Q4 <p>With reference to falls we will see:</p> <ul style="list-style-type: none"> • A 50% reduction in the number of falls with moderate and above harm per 1000 bed days when compared with the previous year (approximately 11 cases) <p>With reference to dementia and delirium, we will see:</p> <ul style="list-style-type: none"> • A consistent approach to Dementia assessment data capture across the Group will be established before the end of Q2 including the screening question for delirium • In Q3 we will see 45% of patients with a completed Dementia assessment within 72 hours of admission (in line with Nice Guidance) against the national target of 95% of patients • In Q4 we will see 50% of patients with a completed Dementia assessment within 72 hours of admission against the national target of 95% of patients 	

P1.2 Learning from patient safety incidents	In line with the national patient safety strategy we will implement the new patient safety incident response framework	<p>We will have a divisional incident review group (DIRG) in place that will report on a weekly basis to the central incident review group (CIRG). This will enable a rapid response to patient safety incidents identifying related themes and immediate safety actions.</p> <p>We will monitor the number of incidents reported in the new LFPSE (Learning from patient safety events) to improve the level of incident reporting activity.</p> <p>We will hold a minimum of 2 learning events across the Group to improve patient safety related learning (this will be in addition to any Site learning events).</p> <p>[Our learning from incidents will also be evidenced in by P.1.1 above].</p>
P1.3 Ensure our Maternity Services are safe	We will strengthen the governance and quality of our Maternity Services	<p>We will have an improvement action plan in place with an effective oversight process to monitor our improvement journey</p> <p>We will continue to monitor our five key safety metrics on a monthly basis at Quality Committee in Common and bi-monthly at Group Board in the Integrated Quality and Performance Report.</p> <p>We will respond to any unwarranted deviation including deviation from peer averages and implement an immediate improvement plan if required.</p> <ul style="list-style-type: none"> • Births with 3rd/4th degree tear as a % of the total number of births • Births post-partum haemorrhage as a % of the total number of births • Number of Still births per 1000 births • Number of Neonatal deaths per 1000 births • Number of Hypoxic ischaemic encephalopathy per 1000 births

Priority 2 - Improve patient experience

We want to improve our communication with our patients. We will listen to our patients and their carers and use patient feedback to focus on continuous improvement.

In 2024/25 we will use data to understand our population and know where health inequalities exist.

In order to address these patient experience priorities, we will work continue to work collaboratively across the St George's and Epsom and St Helier University Hospitals Health Group.

Priority 2 - Improve patient experience 2024-25			
Domain from 5-year Clinical strategy: Right care, right place, right time			
Reduce waiting times	Improve patient safety	Improve patients' outcome and experience with us	Tackle health inequalities
		√	√
Quality and Safety Strategy			
Strong Governance	Shorter Waits	A learning Organisation	
	√	√	
What	How	What will success look like	
P2.1 Mobilising our Health Inequalities Programme	We will use data to understand our population and know where health inequalities exist	<p>There will be an established gesh Community of Practice for staff working with Health Inequalities – this will be a forum to showcase successes, share best practice, and identify common issues and solutions.</p> <p>There will be a charity-funded Equity Lead for ESTH and for SGUH for a period of three years who will lead the Community of Practice and other initiatives and workstreams.</p> <p>Data quality will be significantly improved, particularly regarding Ethnicity, in which the use of uninformative codes (“not known” and “any other”) will be minimised or stopped as evidenced by data quality reports.</p> <p>High intensity service users will receive proactive outreach with initiatives to improve their experience and reduce their use of unplanned care. We will develop an effective data capture mechanism to evidence this.</p> <p>Evolving software AI tools will be used to make reasonable adjustments to outpatient waiting lists, so that appointment cancellations, changes, and DNAs in those most affected by health inequalities are minimised, and waiting times are shortened for those whose health inequalities put them at most risk.</p>	

Priority 3 - Improve effectiveness and outcomes

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

In 2023/24 we will focus on improving flow in our Emergency Department to reduce overcrowding and long waits for treatment and we will ensure a quality, safety and learning culture that promotes psychological safety for our staff.

In order to improve effectiveness and outcomes for patients, we will continue to work collaboratively across the St George's and Epsom and St Helier University Hospitals Health Group.

Priority 3 - Improve effectiveness and outcomes 2024-25			
Domain from 5-year Clinical Strategy: Right care, right place, right time			
Reduce waiting times	Improve patient safety	Improve patients' outcome and experience with us	Tackle health inequalities
√	√	√	√
Quality and Safety Strategy			
Strong Governance		Shorter Waits	A learning Organisation
		√	√
What	How	What will success look like	
P3.1 Improve flow in the Emergency department to reduce overcrowding and long waits for treatment	We will deliver our flow programme	We will: <ul style="list-style-type: none"> • We will monitor the trends across our Emergency Department with a view to setting a challenging yet realistic ambition for waiting time reduction in Q3 and Q4. • Reduce the proportion of patients (total number of patients attending ED) who wait for more than 12 hours in the Emergency Department compared with 2023-24 (Current national average is 8%. Long term national ambition is to achieve less than 2%) • Deliver the 4-hour performance target: 78% of patient attendances seen and discharged or admitted. 	
P3.2 Ensuring a quality, safety and learning culture that promotes psychological safety for our staff	We will integrate our Quality Improvement resources across the Group to maximise service improvement activity and actively encourage psychological safety in all improvement activity	To support the delivery of the new Group Quality and Safety Strategy we will see 5 new collaborative QI projects in place across the Group	

2.1.4 How progress to achieve these priorities will be reported

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

2.1.5 Progress against priorities for 2023/24

[See part 3]

2.2 Statements of assurance from the Board of Directors

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

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

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

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

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

As outlined in the Chief Executive's introduction, the NHS has remained pressured - with St George's no exception. Our urgent and emergency care pathway has been very busy and flow is increasingly difficult through the hospital, to the wards and home.

We have had added pressures culminating from industrial action across the healthcare sector, often coinciding with bank holiday weekends. To mitigate these, our senior team developed detailed operational plans, and our communications team worked with our system partners to promote alternatives to the Emergency Department to the public. We know that tens of thousands of people saw our messages and we hoped it helped to ensure some people were redirected to the right care for their needs.

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

This year we have seen a number of exciting developments across the Group.

- We continue to make strides towards collaboration with Epsom and St Helier for the benefit of staff and patients. We continue to look at where we have variations in care, where we can learn from each other, integrate services

across the group, improve efficiency and are asking our staff to talk to their partners at Epsom and St Helier.

- Organisational culture & gesh100 event: The GCEO stated that driving forward organisational culture was a key priority. On 14 November, the Group held its inaugural leadership event with the “gesh 100”. The purpose of this forum was to bring together leaders across the Group, develop a leadership community and discuss strategic priorities including quality.
- We continue to make progress with Cerner (sometimes referred to as iClip) development and implementation to provide a shared electronic patient records system to deliver streamlined patient care. Due to start in May 2025, the shared system means that our clinical teams will be able to access patient hospital information and records, irrespective of where care is provided across the Group. It also enables more effective working with health and care partners including neighbouring hospitals, with the potential for benefits to be scaled across the south west London Integrated Care System (ICS).
- We have seen increased joint working in Infection Prevention and Control (IPC) with the infection prevention and control teams from both sites working together on a weekly basis led by the Group Chief Nurse and Director of Infection Prevention and Control to discuss any IPC issues and agree required actions. This year the number of St George’s Clostridium Difficile cases was 41, under the national set threshold for St George’s of 43. This compares with 60 cases in 2022/23 against the threshold of 60. There were no MRSA Bacteraemias.
- NHS 75th Anniversary celebrations: Staff welcomed the celebrations, which are important for recognising their work and raising morale.

St George’s

Despite the ongoing demand for our services and capacity issues this year we have seen a number of exciting developments at St George’s.

- Trauma patients with rib fractures, serious leg injuries and amputations are using virtual reality headsets during physiotherapy sessions to boost their recovery. As the major trauma centre for South West London and Surrey we have offered seriously-injured patients the chance to trial the technology as part of their regular therapy. The headset offers a series of personalised games, such as boxing and archery, and encourages patients to move through pain – ultimately speeding up recovery.

- Our Atkinson Morley Neuromuscular Centre has been recognised for providing outstanding care to people with muscle-wasting and weakening conditions across South West London and Surrey. Our Centre has been given a Centre of Excellence award from leading national charity Muscular Dystrophy UK to acknowledge the care it provides – as well as its work in promoting best practice and demonstrating commitment to improving patient health.
- Our Auditory Cochlear Implant Service and 17-year-old Lauren Press are the first ever winners of the prestigious Claire Campbell Award for Outstanding Achievement.
- The awards, launched this year, are named after Claire Campbell whose two youngest children Alice and Ollie are profoundly deaf.
- Our cardiac catheter labs three, four and five are now operational. This will boost our capacity for diagnostics and support efficient and speedy patient care.

Staff Awards

Our staff and teams have been successful in a range of award programmes. Just a few of the successes include:

- Lieutenant Colonel Jeyasankar Jeyanathan, Consultant in Anaesthetics and Intensive Care Medicine, received an OBE in His Majesty's New Years Honours List.
- The Homelessness Inclusion Team from Urgent and Emergency Care and Charmaine Case, Breast Clinical Nurse Specialist were shortlisted in two categories for the NHS Parliamentary Awards. Particular congratulations go to Charmaine Case who was the winner in the Lifetime Achievement category.
- Ediscyll Lorusso, Senior Thrombosis Specialist Nurse Practitioner, was recognized at the Asian Women of Achievement Awards. Edi was a finalist in the "Professions" category - which recognises women who have become leading practitioners.
- Patricia Yiggon from Gynaecology received a Royal College of Nursing Award.

For our commissioned services

2.2.1 During 2023/24 the Trust provided and/or subcontracted 64 relevant health services. A detailed list is available in the Statement of Purpose on our website www.stgeorges.nhs.uk/about

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

2.2.1.2 The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by St George's University Hospitals NHS Foundation Trust for 2023/24.

Participation in clinical audit and National Confidential Enquiries

During 2023/24, 67 national clinical audits and 4 national confidential enquiries covered NHS services that St George's University Hospitals NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust was eligible to participate in during 2023/24 are listed below in Table 1.

Table 1

	Title	Relevant	Participating
Adult Respiratory Support Audit	Adult Respiratory Support Audit	Y	Y
BAUS Nephrostomy Audit	BAUS Nephrostomy Audit	Y	Y
Breast and Cosmetic Implant Registry	Breast and Cosmetic Implant Registry	Y	Y
British Hernia Society Registry	British Hernia Society Registry	Y	N/A
Case Mix Programme (CMP)	Cardiothoracic ICU	Y	Y
	General ICU	Y	Y
	Neuro ICU	Y	Y
Child Health Clinical Outcome Review Programme	Juvenile Idiopathic arthritis	Y	Y
	Testicular Torsion	Y	Y
Cleft Registry and Audit NETwork (CRANE) Database	Cleft Registry and Audit NETwork (CRANE) Database	N	N/A
Elective Surgery (National PROMs Programme)	Elective Surgery (National PROMs Programme)	Y	Y
Emergency Medicine QIPs:	a) Care of Older People	Y	Y
	b) Mental Health (SelfHarm)	Y	Y
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Y	Y
Falls and Fragility Fracture Audit Programme (FFFAP)	a) Fracture Liaison Service Database (FLSDB)	Y	Y
	b) National Audit of Inpatient Falls (NAIF)	Y	Y
	c) National Hip Fracture Database (NHFD)	Y	Y
Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]	Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]	Y	N
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Y	Y
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity	Y	Y
	Maternal mortality confidential enquiries	Y	Y
	Maternal mortality surveillance	Y	Y
	Perinatal mortality and serious morbidity confidential enquiry	Y	Y
	Perinatal Mortality Surveillance	Y	Y
Medical and Surgical Clinical Outcome Review Programme	Endometriosis	Y	Y
	End of Life Care	Y	Y
Mental Health Clinical Outcome Review Programme	Mental Health Clinical Outcome Review Programme	N	N/A
National Adult Diabetes Audit (NDA):	a) National Diabetes Footcare Audit (NDFA)	Y	Y
	b) National Diabetes Inpatient Safety Audit (NDISA)	Y	Y
	d) National Diabetes Core Audit	Y	Y
	c) National Pregnancy in Diabetes Audit (NPID)	Y	Y
National Asthma and COPD Audit Programme (NACAP)	a) COPD Secondary Care	Y	Y
	b) Pulmonary Rehabilitation	Y	Y

	c) Adult Asthma Secondary Care	Y	Y
	d) Children and Young People's Asthma Secondary Care	Y	Y
National Audit of Cardiac Rehabilitation	National Audit of Cardiac Rehabilitation	Y	Y
National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	N	N/A
National Audit of Care at the End of Life (NACEL)	National Audit of Care at the End of Life (NACEL)	Y	Y
National Audit of Dementia (NAD)	National Audit of Dementia (NAD)	Y	Y
National Audit of Pulmonary Hypertension	National Audit of Pulmonary Hypertension	N	N/A
National Bariatric Surgery Registry	National Bariatric Surgery Registry	Y	Y
National Cancer Audit Collaborating Centre - National Breast Cancer Audit	National Cancer Audit Collaborating Centre - National Breast Cancer Audit	Y	Y
	National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	Y	Y
National Cardiac Arrest Audit (NCAA)	National Cardiac Arrest Audit (NCAA)	Y	Y
National Cardiac Audit Programme (NCAP):	a) National Adult Cardiac Surgery Audit (NACSA)	Y	Y
	b) National Congenital Heart Disease Audit (NCHDA)	N	N/A
	c) National Heart Failure Audit (NHFA)	Y	Y
	d) National Audit of Cardiac Rhythm Management (CRM)	Y	Y
	e) Myocardial Ischaemia National Audit Project (MINAP)	Y	Y
	f) National Audit of Percutaneous Coronary Intervention (NAPCI)	Y	Y
	g) National Audit of Mitral Valve Leaflet Repairs (MVLRL)	Y	N/A
	h) The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Y	N/A
National Child Mortality Database (NCMD)	National Child Mortality Database (NCMD)	Y	Y
National Clinical Audit of Psychosis (NCAP)	National Clinical Audit of Psychosis (NCAP)	N	N/A
National Comparative Audit of Blood Transfusion	a) 2023 Audit of Blood Transfusion against NICE Quality Standard 138	Y	Y
	b) 2023 Bedside Transfusion Audit	Y	N/A
National Early Inflammatory Arthritis Audit (NEIAA)	National Early Inflammatory Arthritis Audit (NEIAA)	Y	Y
National Emergency Laparotomy Audit (NELA)	National Emergency Laparotomy Audit (NELA)	Y	Y
National Gastrointestinal Cancer Audit Programme (GICAP):	a) National Bowel Cancer Audit (NBOCA)	Y	Y
	b) National Oesophago-Gastric Cancer Audit (NOGCA)	Y	Y
National Joint Registry	National Joint Registry	Y	Y
National Lung Cancer Audit (NLCA)	National Lung Cancer Audit (NLCA)	Y	Y
National Maternity and Perinatal Audit (NMPA)	National Maternity and Perinatal Audit (NMPA)	Y	Y
National Neonatal Audit Programme (NNAP)	National Neonatal Audit Programme (NNAP)	Y	Y
National Obesity Audit (NOA)	National Obesity Audit (NOA)	Y	Y
National Ophthalmology Database (NOD) Audit	National Cataract Audit	N	N/A
National Paediatric Diabetes Audit (NPDA)	National Paediatric Diabetes Audit (NPDA)	Y	Y
National Prostate Cancer Audit (NPCA)	National Prostate Cancer Audit (NPCA)	Y	Y
National Vascular Registry (NVR)	National Vascular Registry (NVR)	Y	Y
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	N	N/A
Paediatric Intensive Care Audit Network (PICANet)	Paediatric Intensive Care Audit Network (PICANet)	Y	Y
Perinatal Mortality Review Tool (PMRT)	Perinatal Mortality Review Tool (PMRT)	Y	Y
Perioperative Quality Improvement Programme	Perioperative Quality Improvement Programme	Y	Y
Prescribing Observatory for Mental Health (POMH)	a) Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	N	N/A
	b) Monitoring of patients prescribed lithium	N	N/A
Sentinel Stroke National Audit Programme (SSNAP)	Sentinel Stroke National Audit Programme (SSNAP)	Y	Y
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Serious Hazards of Transfusion UK National Haemovigilance Scheme	Y	Y
Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine Benchmarking Audit	Y	Y
The Trauma Audit & Research Network (TARN)	The Trauma Audit & Research Network (TARN)	Y	N/A

UK Cystic Fibrosis Registry	UK Cystic Fibrosis Registry	N	N/A
UK Renal Registry Chronic Kidney Disease Audit	UK Renal Registry Chronic Kidney Disease Audit	Y	Y
UK Renal Registry National Acute Kidney Injury Audit	UK Renal Registry National Acute Kidney Injury Audit	Y	Y

The national clinical audits and national confidential enquiries for which data collection was completed during 2023/24 are listed in Table 2 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. For the remaining projects that the Trust participated in (Table 1) the 2023/24 data collection completes during 2024/25 and therefore submission rates are not available at the time of this report.

Table 2

Programme	Workstream	Submission rate (%)
Adult Respiratory Support Audit	Adult Respiratory Support Audit	100%
BAUS Nephrostomy Audit	BAUS Nephrostomy Audit	100%
Breast and Cosmetic Implant Registry	Breast and Cosmetic Implant Registry	100%
British Hernia Society Registry	British Hernia Society Registry	N/A
Case Mix Programme (CMP)	Cardiothoracic ICU	Ongoing
	General ICU	Ongoing
	Neuro ICU	Ongoing
Child Health Clinical Outcome Review Programme ²	Juvenile Idiopathic Arthritis	100%
	Testicular Torsion	100%
Cleft Registry and Audit NETwork (CRANE) Database	Cleft Registry and Audit NETwork (CRANE) Database	N/A
Elective Surgery (National PROMs Programme)	Elective Surgery (National PROMs Programme)	Ongoing
Emergency Medicine QIPs:	a) Care of Older People	Ongoing
	b) Mental Health (SelfHarm)	Ongoing
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	100%
Falls and Fragility Fracture Audit Programme (FFFAP)	a) Fracture Liaison Service Database (FLSDB)	100%
	b) National Audit of Inpatient Falls (NAIF)	100%
	c) National Hip Fracture Database (NHFD)	100%
Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]	Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]	0%
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Ongoing
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity	Ongoing
	Maternal mortality confidential enquiries	Ongoing
	Maternal mortality surveillance	Ongoing
	Perinatal mortality and serious morbidity confidential enquiry	Ongoing
	Perinatal Mortality Surveillance	Ongoing
Medical and Surgical Clinical Outcome Review Programme	Endometriosis	100%
	End of Life Care	60%
Mental Health Clinical Outcome Review Programme	Mental Health Clinical Outcome Review Programme	N/A
National Adult Diabetes Audit (NDA):	a) National Diabetes Footcare Audit (NDFA)	100%
	b) National Diabetes Inpatient Safety Audit (NDISA)	100%
	c) National Diabetes Core Audit	100%
	d) National Pregnancy in Diabetes Audit (NPID)	100%
National Asthma and COPD Audit Programme (NACAP)	a) COPD Secondary Care	100%
	b) Pulmonary Rehabilitation	100%
	c) Adult Asthma Secondary Care	100%
	d) Children and Young People's Asthma Secondary Care	Ongoing
National Audit of Cardiac Rehabilitation	National Audit of Cardiac Rehabilitation	100%
National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	N/A
National Audit of Care at the End of Life (NACEL)	National Audit of Care at the End of Life (NACEL)	100%

National Audit of Dementia (NAD)	National Audit of Dementia (NAD)	100%
National Audit of Pulmonary Hypertension	National Audit of Pulmonary Hypertension	N/A
National Bariatric Surgery Registry	National Bariatric Surgery Registry	Ongoing
National Cancer Audit Collaborating Centre - National Breast Cancer Audit	National Cancer Audit Collaborating Centre - National Breast Cancer Audit	100%
	National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	100%
National Cardiac Arrest Audit (NCAA)	National Cardiac Arrest Audit (NCAA)	Ongoing
National Cardiac Audit Programme (NCAP):	a) National Adult Cardiac Surgery Audit (NACSA)	Ongoing
	b) National Congenital Heart Disease Audit (NCHDA)	N/A
	c) National Heart Failure Audit (NHFA)	Ongoing
	d) National Audit of Cardiac Rhythm Management (CRM)	Ongoing
	e) Myocardial Ischaemia National Audit Project (MINAP)	Ongoing
	f) National Audit of Percutaneous Coronary Intervention (NAPCI)	Ongoing
	g) National Audit of Mitral Valve Leaflet Repairs (MVLRL)	N/A
	h) The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	N/A
National Child Mortality Database (NCMD)	National Child Mortality Database (NCMD)	100%
National Clinical Audit of Psychosis (NCAP)	National Clinical Audit of Psychosis (NCAP)	N/A
National Comparative Audit of Blood Transfusion:	a) 2023 Audit of Blood Transfusion against NICE Quality Standard 138	100%
	b) 2023 Bedside Transfusion Audit	N/A
National Early Inflammatory Arthritis Audit (NEIAA)	National Early Inflammatory Arthritis Audit (NEIAA)	100%
National Emergency Laparotomy Audit (NELA)	National Emergency Laparotomy Audit (NELA)	100%
National Gastrointestinal Cancer Audit Programme (GICAP):	a) National Bowel Cancer Audit (NBOCA)	100%
	b) National Oesophago-Gastric Cancer Audit (NOGCA)	100%
National Joint Registry	National Joint Registry	100%
National Lung Cancer Audit (NLCA)	National Lung Cancer Audit (NLCA)	100%
National Maternity and Perinatal Audit (NMPA)	National Maternity and Perinatal Audit (NMPA)	Ongoing
National Neonatal Audit Programme (NNAP)	National Neonatal Audit Programme (NNAP)	100%
National Obesity Audit (NOA)	National Obesity Audit (NOA)	Ongoing
National Ophthalmology Database (NOD) Audit	National Cataract Audit	N/A
National Paediatric Diabetes Audit (NPDA)	National Paediatric Diabetes Audit (NPDA)	Ongoing
National Prostate Cancer Audit (NPCA)	National Prostate Cancer Audit (NPCA)	100%
National Vascular Registry (NVR)	National Vascular Registry (NVR)	Ongoing
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	N/A
Paediatric Intensive Care Audit Network (PICANet)	Paediatric Intensive Care Audit Network (PICANet)	100%
Perinatal Mortality Review Tool (PMRT)	Perinatal Mortality Review Tool (PMRT)	Ongoing
Perioperative Quality Improvement Programme	Perioperative Quality Improvement Programme	Ongoing
Prescribing Observatory for Mental Health (POMH):	a) Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	N/A
	b) Monitoring of patients prescribed lithium	N/A
Sentinel Stroke National Audit Programme (SSNAP)	Sentinel Stroke National Audit Programme (SSNAP)	96%
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Serious Hazards of Transfusion UK National Haemovigilance Scheme	Ongoing
Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine Benchmarking Audit	100%
The Trauma Audit & Research Network (TARN)	The Trauma Audit & Research Network (TARN)	N/A
UK Cystic Fibrosis Registry	UK Cystic Fibrosis Registry	N/A
UK Renal Registry Chronic Kidney Disease Audit	UK Renal Registry Chronic Kidney Disease Audit	Ongoing
UK Renal Registry National Acute Kidney Injury Audit	UK Renal Registry National Acute Kidney Injury Audit	Ongoing

National clinical audits - action taken

The reports of 26 national clinical audits were reviewed by St George's University Hospitals NHS Foundation Trust in 2023/24 and we are taking the following actions to improve the quality of healthcare provided.

National Clinical Audit	Action*
Elective Surgery (National PROMs Programme)	A new clinical audit provider has been secured this year, which has enabled SGH to again participate in this audit project. The clinical lead and the audit and effectiveness department have established a standard operating procedure in order to track data entries and ensure compliance.
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	The Clinical Lead reports that the Trust continues to meet Best Practice Tariff for Epilepsy for clinic configuration, also that data entry remains at 100%. The audit measures 12 KPIs and SGH has done well, with great improvements in some of the outcomes. Areas for improvement have been identified around: <ul style="list-style-type: none"> • Children diagnosed with epilepsy be seen within 2 weeks of first referral by a paediatrician with expertise in epilepsy. SGH currently does not meet this standard, with higher than national average numbers waiting 10-12 and 16 weeks after referral. This has been raised a risk and will be addressed in the year ahead. • Further training around prescribing guideline for rescue medication, as SGH is 10% more children than the national average. • Improve waiting times for children referred by paediatric neurologists, as only 17% of children were seen within 4 weeks compared to 67% nationally.
National Audit of Inpatient Falls (NAIF)	The latest report examined six components of multi-factorial risk assessment KPIs. SGH outperforms the national average on two occasions, notably scoring 100% for the rate of checking for injury before moving. The clinical lead reports the following action plan in response to the findings: <ul style="list-style-type: none"> • Education on lying and standing blood pressure assessments included in nursing, HCA, and PT/OT education. • A review of the electronic multifactorial risk assessment and falls prevention plan have been completed and are set to be piloted. • Data completeness is to be monitored closely through speciality and divisional benchmarking reports. • Flat lift equipment is available at SGH and QMH sites. Training on how to use this equipment is in place and included in manual handling training and refresher sessions. • The clinical lead is chairing a task and finish group at NAIF to develop guidance for junior doctors, this work also includes highlighting delays to x-rays to diagnose inpatient hip fractures.
National Hip Fracture Database (NHFD)	The clinical audit report released in 2023/24 stated "hospital teams should look at the guidance and resources on the Royal Osteoporosis Society website, which help teams organise the care they provide and improve patients' recovery. Trusts should review the care provided in the emergency department (ED), so that patients are seen promptly, offered pain relief and admitted to an appropriate specialist ward within 4 hours". Action planning, provided by the audit lead is addressing all KPIs with particular focus on: <ul style="list-style-type: none"> • Improving data entry processes after significant issues were reported • Improving patient flow from ED onto an orthopaedic ward within 4 hours of admission. • Continuing with the good work on time to theatre. Currently 74% of patients get to theatre within the 36-hour target, mean time to theatre for the whole group is <35 hrs.
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	The Head of Safeguarding is proud of the Team for all their hard work this year. In response to the NHS benchmarking survey and LeDeR reports they report the team are working on: <ul style="list-style-type: none"> • Relaunching an LD Patient Experience Group and expanding work with the Head of Patient Experience. • Recruiting an LD support worker • Redesigning existing bedside information sheets to clearly signpost patients, their family/carers and ward staff to the LD Liaison team. These include basic signs indicating medication, bloods, hungry, toilet are included as a visual aid for those who it may help. • Continued close working with the Transitions group • Implementing an LD specific proforma in clinical notes to support the patient journeys and enabling staff to see when the LD team are involved with a patient. • The SGH LD team review every LD patient, both those referred and those not referred but flagged, to ensure that any Treatment Escalation Plan in place involves liaison with the person, their family/carers and a capacity assessment where indicated. • Advocating for reasonable adjustments with respect to visiting
National Pregnancy in Diabetes Audit (NPID)	The clinical lead reported that whilst Type 2 diabetes mellitus is managed in the community and not in tertiary care meaning the SGH Endocrine team are not looking after this cohort of women, Saving Babies Lives (V3) requires services to be compliant with 12 elements. Chapter 6 specifically looks at providing multidisciplinary care in a joined-up way for women with Type 1 and Type 2 diabetes during pregnancy and harnessing technology (e.g., continuous glucose monitoring) to reduce maternal complications of diabetes, including perinatal morbidity and mortality. The team are working to implement these 12 elements.
National Audit of Cardiac	The 2023 NACR report shows encouraging signs of a recovery within cardiac rehabilitation

Rehabilitation	<p>(CR) services following the COVID-19 pandemic, evident in a higher quality of service delivery and a greater level of patient choice in respect to the mode of delivery of CR. The audit lead has laid out an action plan to implement in the year ahead:</p> <ul style="list-style-type: none"> • Recruiting additional staff to support the service. The service plans to improve staff recruitment and retention plans by increasing the pay banding of nurse specialists. • Work towards delivering a menu-based approach to promote a more proportional approach to mode of delivery. • Virtual videos to be finalised, and an exercise app is in development. These increase accessibility for patients. • Increasing access to translators and transport for patients.
National Audit of Care at the End of Life (NACEL)	<p>The clinical lead reported that in anticipation of the full launch of NACEL in 24/25 SGH participated in a pilot project. The pilot project recommended improvements in several areas and the team have put together the following actions:</p> <ul style="list-style-type: none"> • Closer working with the Deteriorating Patient Group to improve Treatment Escalation Plan (TEP) rates. • TEP & DNACPR forms are now embedded in the Discharge summary to help inform GPs and support future planning after hospital admissions. • Universal Care Plan (UCP) to be fully interoperable with SGH IT system and so enables updating or editing following on from conversations in the hospital. • All patients referred to palliative care will have a holistic assessment exploring their wishes, if appropriate to include fast track continuous healthcare funding application, involving loved ones, and supporting those without capacity as appropriate. • SGH supporting ongoing specialist Palliative Care Team which operates 7-day face-to-face service 9am-5pm and 24hour telephone advice service. • Ongoing care plan initiated with each shift to ensure meticulous symptom control and documentation of discussion with those important to the patient and other key prompts.
National Audit of Dementia (NAD)	<p>In response to the Trust being identified as an outlier around dementia screening and discharge planning the clinical lead has been working with senior support to implement the following actions:</p> <ul style="list-style-type: none"> • The Trust/GESH Board to nominate a Board member responsible for dementia in addition to the clinical lead. • The Trust to implement a robust information system to identify people with dementia who experience various issues. • Improve compliance with the completion of the "THIS IS ME/REACH" document for person-centred care. • Improve delirium screening compliance through use of real time monitoring IT systems and direct support to poorly performing areas. • Implement mandatory Tier 2 training for all patient-facing staff with regular contact with people with dementia. • Improve carer experience by reviewing and updating carers' questions in the feedback survey, and relaunching John's campaign and Carer passports. • Improve Trust IT systems to support timely identification of patients with dementia
National Heart Failure Audit (NHFA)	<p>This audit analyses heart failure treatment across England and Wales. SGH performed above the national average in the percentage of patients who received access to a Cardiology ward. SGH has a high rate of referral to heart failure specialist nurses and achieved a high data submission rate to the audit.</p> <p>The clinical lead reporting that actions arising from this audit are focussing on referrals to cardiac rehabilitation, increasing the rate of patients discharged with a management plan, and collecting the data on the percentage of patients seen by the Heart Failure team as inpatients.</p>
National Audit of Cardiac Rhythm Management (CRM)	<p>The annual report concluded that national activity has not yet returned to pre-pandemic levels, with both total device (92%) and ablation procedures (89%) remaining below activity in 2019/20. The report also highlighted that new device technology is gaining ground, and that more trainees are receiving opportunities for a higher number of procedures.</p> <p>In terms of action planning, the clinical audit lead provided the following actions:</p> <ul style="list-style-type: none"> • Lead cardiac physiologist to establish SOP to obtain accurate list of all new registrars/consultants working in device catheter labs. • Clinical audit lead to train device physiologists on importance of accurate documentation, whilst data completeness to be discussed in pacing meetings and reminded to all device physiologists.
National Early Inflammatory Arthritis Audit (NEIAA)	<p>The NEIAA measures the quality of care delivered to patients in England and Wales with suspected and newly diagnosed early inflammatory arthritis. SGH outperforms the national average for patients referred in 3 working days and performs higher in the 3-week assessment time post referral. Due to low case ascertainment, 4/6 of the key metrics are unable to be compared to the national report as the low submission rates precludes anonymising these patient entries.</p> <p>The clinical audit lead provided the following actions for the year ahead:</p>

	<ul style="list-style-type: none"> • Streamlining patient referral process to ensure the correct person attends the correct clinic. • Establishing a monthly education program for service users. • Refining the patient pathway for monthly referrals for blood testing. • Increasing nurse clinic availability for monthly patient reviews. • Establishing a daily nursing helpline for routine queries and troubleshooting.
National Paediatric Diabetes Audit (NPDA)	<p>The NPDA examines all children and young people receiving care from a paediatric diabetes unit in England and Wales. Two reports were released in 2023/24. The clinical lead highlighted some action points for the year ahead:</p> <ul style="list-style-type: none"> • The team administrative and clinical support resources are currently constrained and so focus will be on ensuring data submission to the Core NPDA dataset. • The weight management clinic to which some Type 2 diabetes patients can be referred has very restrictive acceptance criteria and is significantly over subscribed. Work is required to increase capacity to offer therapeutic options for these patients.
Perinatal Mortality Review Tool (PMRT)	<p>Actions for this review tool are completed on a case-by-case basis and are reported alongside findings in every 3-month period. During 2023/24 the team have responded to several reviews and put into place the following actions:</p> <ul style="list-style-type: none"> • Provide training to the neonatal team about the correct use of interpreters. • Formulating a new bereavement check list to improve documentation. • Ensuring that all cases of unexpected small for gestational age are audited and guidance reviewed based on the findings. • Review current processes to ensure that all foetal medicine unit patients transferred to delivery suite have a named contact for out of hours advice documented in the notes. • To develop antenatal cardiotocography (CTG) teaching programmes for all midwives and doctors working in these settings. • All persistently abnormal antenatal CTGs have MDT discussion of management, face to face doctor's review and discussion of plan with a senior doctor. This forms part of an ongoing pilot scheme for an abnormal CTG sticker. • Appropriate use of obstetric emergency bleep to be added to PROMPT training and junior doctors' induction. • Departmental teaching on foetal anaemia including case presentation at governance day. • Newly appointed Intrapartum consultant midwife exploring methods of empowering midwifery staff to escalate concerns to consultant and manager on call.
Sentinel Stroke National Audit Programme (SSNAP)	<p>In response to the state of the nation report that was released in 2023/24 the clinical audit lead provided the following actions:</p> <ul style="list-style-type: none"> • Increase SGH's 4hr performance metric analysing the Hyper Acute Stroke Unit (HASU) pathway for the repatriation challenges which contribute to the difficulty in achieving this target. • Increase proportion of patients receiving appropriate imaging immediately on arrival improving access to MRI scanning, as CT/CTA metrics are already meeting SSNAP targets. • Increasing proportion of days patients receive rehabilitation by submitting business case for additional staffing in the face of new NICE/NHSE guidelines and SSNAP performance targets increasing. • Reverse decline in proportion of patients receiving 6 months reviews by establishing a data-sharing agreement between SGH and the Stroke Association. This will then be taken forward by the HASU/TYW ward clerk.

*Based on information available at the time of publication

Local clinical audits

The reports of 9 local clinical audits were reviewed by St George's University Hospitals NHS Foundation Trust in 2023/24 and we intend to take the following actions to improve the quality of healthcare provided.

Local Clinical Audit	Action*
Consent Audit	<p>The Trust Consent Audit aims to measure the effectiveness of the consent process throughout the organisation. The audit focuses on a quantitative measure of the presence and data completeness of consent forms as recorded in the patient records. The clinical audit lead has been working with the medical records team to establish a more robust system for ensuring that consent forms are uploaded onto patient records in a timely manner.</p> <p>Data collection for the 2023/24 clinical audit has been completed and an action plan in being formulated by the clinical audit lead in advance of presentation to the SGH quality and safety meeting.</p>

Controlled Drugs Check & Stock Audit	<p>This audit is carried out quarterly and ensures that controlled drugs are correctly stored and secured and that an adequate record is kept which complies with controlled drug guidance.</p> <p>The project lead confirmed that performance in this quarterly project, which ensures storage and security of controlled drugs, has been largely positive despite wider disruptions due to workforce and resource constraints.</p> <p>The focus of actions for the coming year will be faster turnaround for audit results for timely action planning and expanding training outreach to ensure learning points are embedded across the Trust.</p>
Children & Young People's Safety Thermometer	<p>This audit takes places monthly, with actions completed each month as they are patient related as per the individual. The audit measures the number of harms which take place each month on the Paediatric Wards.</p> <p>Recent actions have involved guidelines for pain medication involving the Consultant Nurse Specialist for Pain and an Anaesthetic consultant</p>
Clinical Negligence Scheme for Trusts (CNST)- Safety Action related audits	<p>SGH are required to participate in this project to assess how various safety requirements for Maternity services are met. These audits evolve based on actions related to the requirements of the Scheme. The latest report was reported to Trust executive board.</p> <p>NHS Resolution confirmed that SGH were successful in achieving full compliance for all ten safety actions against Year 5 of the Maternity Incentive Scheme.</p> <p>The report indicates that there is a requirement under CNST for the maternity and neonatal team to jointly register and undertake a QI project relating to transitional care and minimising the separation of mothers and babies – discussions are underway to develop project.</p>
Nasogastric (NG) Tube Audit	<p>This audit takes place annually and examines insertion and correct placement of NG tubes to avoid serious incidents and never events related to misplaced tubes. The most recent results show that amongst adult wards there is still work to be done for improvement including documenting that placement of the NGT was confirmed and how this was done, and pH taken on insertion of the tube. For Critical care, improvement is needed where CXRs are checked by two clinicians as 80% of tubes audited were only checked by one clinician. The audit pointed to a lack of policy being followed despite regular training being conducted.</p> <p>Actions from the clinical lead indicate that:</p> <ul style="list-style-type: none"> • Nutrition nurses and Practice Educators (PE's) continue to undertake training and keep records of NG competent nursing staff. • Ensure NG audit results disseminated and discussed by senior nursing to matrons and ward managers. Nutrition CNS team have organised monthly drop-in sessions for nursing staff to help gain confidence when placing NGT's, to ensure learning improve documentation and to ensure patient safety.
Nutritional Screening Audit	<p>This audit forms part of a wider Fundamentals of Nursing Care workstream. Results from the last round showed the percentage of patients with a Nutritional Screening completed within 24 hours, and then reviewed weekly left room for improvement, however these results are improving over time. Staff knowledge and patient views on the food provided at mealtimes remain consistently good.</p> <p>The clinical lead reports that the results are being acted on at a ward level as well as corporately as a regular agenda item of the nutritional steering group meeting.</p> <p>Actions for the year ahead include:</p> <ul style="list-style-type: none"> • Electronic record screening update and automatic referrals continues, this is currently in development. • Integrated nursing care plan for MUST to be launched in Q1 24/25 • Continue linking with the Protected Mealtimes audit for holistic approach to nutrition and hydration. • Continue to support robust training at nurse induction, link nurse study day and ad hoc on wards.
Protected Mealtimes Audit	<p>This audit forms part of a wider Fundamentals of Nursing Care workstream. The latest audit results indicated areas covering the nursing component of the audit demonstrate good practice.</p> <p>Areas identified for improvement included reestablishing mealtime champions, and offering sufficient choice to patients,</p> <p>In line with these areas for improvement the clinical lead reports:</p> <ul style="list-style-type: none"> • Adding the patient catering menu pack to the Trust's internet page with menus now accessible to anyone via a QR code or web link. The QR code has also been printed on the Autumn/Winter menu booklets to encourage inpatients use. • Trial of electronic nutrition board with information about different menus available. Main menu to be translated in to 4 most common languages other than English and to improve pictorial menu. • Ward managers to focus on use of red tray system and ensuring mealtime champion responsibilities are followed as indicated on corporate poster displayed on all wards.
Saving Lives Audits	<p>The Saving Lives workstream consists of multiple clinical audit projects that are completed monthly and over by the Infection Control Committee. The committee monitor compliance with these projects and discuss and chase action plans.</p> <p>Recent discussions have involved a renewed effort for 100% compliance with</p>

	handwashing across all clinical areas and sharing results and learning across the organisation.
VTE - Risk assessment compliance	<p>This audit is conducted quarterly with results and actions monitored by the Hospital Thrombosis Group. The audit has 5 quality standards with targets between 85% to 100%. The latest report shows that the overall VTE risk assessment completion rates across the Trust continue to meet the 95% national target. In 2024/25 these results will be reported to NHS Digital with the first submission due in July 2024.</p> <p>Proposed actions as agreed by the clinical lead and hospital thrombosis group:</p> <ul style="list-style-type: none"> • A task group reviewing the VTE risk assessment process and documentation of mechanical prophylaxis on electronic records system. • Review of Trust ward round proformas. • A QIP initiative for cardiology with daily board round review. • Divisional focus to achieve at least a 5% improvement in VTE MAST module compliance. • Focused training for admitting specialty doctors to complete an 'ad hoc' VTE risk assessment in ED to support the 14-hour standard. • Increase clinical divisional representation in HTG meetings on a quarterly rotational basis.

*Based on information available at the time of publication

2.2.3 Our participation in clinical research

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

St George's 2019-2024 Research Strategy sets out plans to build on our strong research base, including investing more in our staff to support their research ambitions and developing our IT research infrastructure. Another key part of our research strategy is to gain core National Institute for Health Research (NIHR) funding, which we have achieved through a successful application for NIHR Clinical Research Facility designation which commenced in September 2022. In 2023, we bid for and were awarded £440K NIHR capital funding for the Clinical Research Facility.

A key way to develop and offer new treatments is through participation in clinical research studies that are approved by the NIHR, which supports NHS and academic institutions to deliver quality research that is patient-focused and relevant to the NHS. The number of patients receiving relevant health services provided or subcontracted by St George's University Hospitals NHS Foundation Trust in 2023/24 that were recruited during that reporting period to participate in research approved by a research ethics committee was 8,532 compared with 9,690 in the previous year.

Crucial to our research is our partnership with St George's, University of London. We have set up four Clinical Academic Groups in specific areas where both institutions have expertise and critical mass, in which clinicians, clinical academics and scientists can collaborate to improve research activity. In 2020, we established the St George's Translational and Clinical Research Institute (TACRI), a joint NHS-University structure to increase collaboration and further our research. TACRI funds fellowships for St George's clinical staff to give them the opportunity to formulate research proposals, which are available through an internal competitive process.

This year, TACRI awarded one Junior Research Fellowship and five Senior Research Fellowships.

Increasing research activity from nursing, midwifery and allied health professions (NMAHPs) is a key objective and we support the UK ambition for 1% of our NMAHPs to be clinical academics in posts that combine research with clinical practice. Under the leadership of the Research Director for NMAHPs, development programmes and mentorship for aspiring NMAHP academics have led to 6 successful applications for prestigious national research fellowship programmes. Research is now a feature on Trust nurse induction and is included as part of the Matrons' quality observatory report.

2.2.4 Our Commissioning for Quality and Innovation (CQUIN) performance

NHS England have identified a small number of clinical priority areas as part of CQUINs, where improvement is expected across 2023/24. Many of these are short-term clinical improvements that have been selected due to their ongoing importance in the context of COVID-19 recovery.

The CQUIN design criteria have been retained, ensuring a continued focus on specific evidence-based improvements, rather than on complicated and burdensome change. These criteria require that indicators in the scheme:

- highlight proven, standard operational delivery methods
- support implementation of relatively simple interventions
- form part of wider national delivery goals that already exist, thereby not adding new cost pressures
- are explicitly supported by wider national implementation programmes
- command stakeholder support.

CQUIN schemes are developed nationally by NHS England and each Trust is required to report data on each scheme that applies to it. In addition, local Commissioners may choose 5 CQUIN schemes (per contract) to performance manage. CQUIN funding is 1.25% of the total contract value and Commissioners may withhold a proportion of this funding on underperformance of the schemes. The Trust's contract with South West London Integrated Care Board (SWLICB) states that Providers will not be financially penalised for CQUIN underperformance.

Where NHSE is an associate commissioner to a contract there must be consideration of the inclusion of any applicable indicators relating to specialised acute services in the CQUIN offer in line with the proportionality of the EACV i.e. if the NHSE EACV is 20% of the total contract then 1 of the 5 indicators chosen should be related to specialised services.

Following negotiations with Commissioners, the following 6 CQUINs (5 Acute, one part of the acute falls under NHSE Specialised commissioning and one Community) were included in the Trust's NHS Contract. The performance in each quarter is outlined in the table below.

The Trust manages the CQUINs through the CQUIN Programme Board, chaired by the site Chief Nurse and site chief medical officer with project management and administrative support provided by the Contracts Department.

CQUIN Programme Results 2023/24

No	CQUIN GOAL DESCRIPTION	Baseline %	Trajectory %	Commissioner	Q1	Q2	Q3	Q4
CQUIN01	Flu vaccinations for frontline healthcare workers	60%	Q1: N/A Q2: N/A Q3: 70% Q4: 80%	SWL ICB joint with NHSE Acute	N/A	N/A	N/A	52.40%
CQUIN 01 Comments: Challenges nationally due to 'vaccination fatigue' and concurrent COVID vaccination programme negatively impacted the uptake versus previous financial years where Trust had achieved upwards of 85% performance. As this scheme is mandatory nationally.								
CQUIN03	Prompt switching of intravenous to oral antibiotic	11%	Q1: 60% Q2: 50% Q3: 40% Q4: 30%	SWL ICB Acute	11%	18%	14%	16%
CQUIN 03 Comments: The trust was required to achieve 40% of fewer patients still receiving IV antibiotics past the point at which they meet switching criteria. The trust has successfully met all targets and criteria since Q1.								
CQUIN05	Identification and response to frailty in emergency departments	22.01%	Q1: 10% Q2: 15% Q3: 25% Q4: 30%	SWL ICB Acute	22%	34%	36%	37%
CQUIN 05 Comments: The trust was required to achieve more than 30% of patients aged 65 and over attending A&E or same day emergency care (SDEC) receiving a clinical frailty assessment. The trust has successfully met all targets and criteria since Q1.								

CQU IN07	Recording of and response to NEWS2 score for unplanned critical care admissions Description	50.77 %	Q1: 10% Q2: 15% Q3: 25% Q4: 30%	SWL ICB Acute	51%	44%	73%	68%
CQUIN 07 Comments: The trust was required to achieve more than 30% of unplanned critical care unit admissions from non- critical care wards having a timely response to deterioration, with the NEWS2 score escalation and response times recorded in clinical notes. The trust has successfully met all targets and criteria since Q1.								
CQU IN09	Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres	75%	Q1: N/A Q2: 50% Q3: 65% Q4: 75%	NHSE	N/A	N/A	90%	90%
CQUIN 09 Comments: The trust was required to achieve more than 75% of patients with HEP C conditions to be commenced on treatment within of 4 weeks to referral operational delivery network (ODN)Due to national wide issues with the reporting of datasets the CQUIN reporting was for Q1 & Q2 was not applicable. However, the trust has met the target in Q3 and Q4.								
CQU IN14	Malnutrition screening for community hospital inpatients	52%	Q1: 70% Q2: 80% Q3: 85% Q4: 90%	SWL ICB Commu nity	52%	57%	69%	35%
CQUIN 14 Comments: The trust was required to achieve 90% of community hospital inpatients having a nutritional screening that meets NICE quality standards. Action plan in place to address issues around documentation in notes in areas affecting CQUIN performance. The CQUIN scheme failed across the full year. The relevant teams have developed a plan to ensure that a solution is in place.								

2.2.5 Our registration with the Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the regulator for all health and social care services in England and is the organisation that checks that our services meet the appropriate standards for care.

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

On 28 March 2023 following the inspection of Maternity and Midwifery Services as part of the national inspection programme focusing on the key lines of enquiry Safe and Well-led, the CQC issued the Trust with a section 29A Warning Notice. The Trust immediately commenced a targeted improvement plan to address the issues highlighted by the CQC which included:

- Effective and timely triage services
- Environment and equipment maintenance
- Staffing levels
- Oversight and governance

Maternity Services were rated Inadequate in the Safe and Well led domains overall. An overarching improvement action plan was also developed to address the MUST and SHOULD Dos in the full inspection report, published in August 2023. The Trust will formally respond to the CQC later this year to provide assurance on the completion of the improvement actions taken together with the provision of supporting evidence.

In February 2024 the Trust informed the CQC of two incidents where patients fell in the Emergency Department and sadly died from the injuries they sustained. The Trust identified and immediately commenced improvement actions to be undertaken with reference to the maintenance of staff records for the provision of falls prevention training and consistent audit of falls risk assessment. On 6 March and 9 March 2024 the CQC conducted an unannounced inspection of the Emergency Department focussing on the Safe key line of enquiry. The inspection report is awaited.

The last formal CQC inspection of CQC selected core services was in July 2019. The report was published in December 2019 and rated the Trust as 'Requires Improvement'. We were pleased to see significant improvement in our ratings across the key lines of enquiry for core services when compared with the 'Requires Improvement' position in the 2018 CQC inspection. The table overleaf shows the published ratings for our core services and our overall rating.

In March 2020 the Trust was removed from Quality Special Measures. In April 2021 the Trust was also removed from Financial Special Measures.

In October 2022 the Trust developed the gesh Quality Recovery Plan which was approved at Board. The plan outlines a programme of supported self-assessment, action planning, implementation and re-assessment focusing on a return to quality, team engagement/ collaboration and sharing of success. The plan has helped services to identify areas for improvement against the CQC key lines of enquiry of Safe, Caring, Responsive, Effective and Well-led. Targeted improvement plans have

been developed and are in place supported by an effective governance framework to ensure the oversight and monitoring of delivery.

During the last year the Trust has continued to meet with the CQC on a regular basis to discuss service and Trust wide issues of quality and safety.

Throughout 2023/24 the quality and safety standards were maintained within the cardiac surgery service which is supported by the data from the National Institute for Cardiovascular Research (NICOR). The Trust Board continues to review mortality for patients undergoing Cardiac Surgery on a regular basis.

Ratings for St George's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Dec 2019	Good ↑ Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Good ↑ Dec 2019	Requires improvement Dec 2019
Medical care (including older people's care)	Requires improvement Dec 2019	Requires improvement Dec 2019	Good Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement Dec 2019
Surgery	Good ↑ Dec 2019	Good ↑ Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Good Dec 2019	Good ↑ Dec 2019
Critical care	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Maternity	Inadequate ↓ Mar 2023	Outstanding Nov 2016	Good Nov 2016	Good Nov 2016	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023
Services for children and young people	Good ↑ Dec 2019	Good Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019	Good ↑ Dec 2019	Outstanding Dec 2019
End of life care	Requires improvement Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Outpatients	Good ↑ Dec 2019	Not rated	Good Dec 2019	Requires improvement Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement Dec 2019
Overall*	Requires improvement Dec 2019	Requires improvement Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019

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

2.2.6 St George's University Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period apart from the maternity services inspection as stated above (as part of the national inspection programme) and the unannounced inspection of the Emergency Department.

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

From 1 April 2024 the Care Quality Commission (CQC) has introduced a new single assessment framework that applies to providers, local authorities and integrated care systems. It is expected to provide national insights on the progress and challenges of care quality, as well as share information that supports improvement and learning across the health and care system. There will be no large-scale site inspections and the new assessment process will involve continuous assessment of information from various off-site sources, e.g. concerns raised directly with the CQC, national audits, NHS key performance indicators.

Six evidence categories will be used to collect and analyse information for each quality statement; people's experiences, feedback from staff and leaders, observations of care, feedback from partners, processes and outcomes of care. Quality statements have been introduced which link to the relevant regulations

Inspection reports will include a sliding-scale score within the rating which will identify how close a provider is to being rated higher or lower.

2.2.7 Our data quality

St George's University Hospitals NHS Foundation Trust submitted records during 2023/24 for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 99.5% for admitted patient care (against 99.6% national average)
- 99.0% for outpatient care (against 99.8% national average)
- 98.3% for accident and emergency care (against a 98.9% national average)

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

- 99.8% for admitted patient care (against 99.8% national average)
- 99.5% for outpatient care (against 99.5% national average)
- 99.9% for accident and emergency care (against a 99.5% national average)

2.2.8 Our Information Governance Assessment Report

The Trust achieved “Approaching Standards” on NHS Data Security and Protection Toolkit (DSPT) for 2022/23 and planned compliance for 2023/24 by 31 March 2024. The Trust achieved “Approaching Standards” on NHS Data Security and Protection Toolkit (DSPT) v 5.0 for 2022/23 due to missing the threshold of mandatory training completeness and operating systems upgrades.

The Trust aims to submit the Toolkit for 2023/24 with all the mandatory requirements by “Satisfactory Standard Met Status” by 30 June 2024.

The Data Security and Protection Toolkit managed by NHS Digital is available at <https://www.dsptoolkit.nhs.uk/> together with facilities to view organisation compliance status.

2.2.9 Payment by results

St George's University Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24.

2.2.10 Learning from deaths

During 2023/24 1,453 of St George's University Hospitals NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of this reporting period:

- 368 in the first quarter
- 324 in the second quarter
- 413 in the third quarter
- 348 in the fourth quarter

By 31 March 2024, 203 case record reviews have been carried out in relation to 14.0% of the deaths included.

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

- 40 in the first quarter
- 68 in the second quarter
- 54 in the third quarter
- 41 in the fourth quarter

5 (representing 0.34%) of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter this consisted of:

- 0 representing 0% of the number of deaths which occurred in the first quarter
- 0 representing 0% of the number of deaths which occurred in the second quarter
- 2 representing 0.48% of the number of deaths which occurred in the third quarter
- 3 representing 0.86% of the number of deaths which occurred in the fourth quarter

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

This figure does not include deaths reviewed through other patient safety and governance processes.

What we have learnt and action taken

We have conducted several investigations during the year and have continued to review a proportion of deaths, as described by our Learning from Deaths policy. In the course of these investigations and reviews issues were highlighted for local reflection and learning, including instances where excellent practice was observed. Examples of this work are summarised below.

- In the first half of the year, we observed a signal suggesting higher than expected mortality in the fractured neck of femur diagnosis group. This was based on SHMI (summary hospital level mortality indicator) data published by NHS Digital. We investigated the signal in two ways: reviewing the data and examining the clinical pathway.

The clinical coding of the patient group was audited and showed a high degree of accuracy. 96.5% of primary diagnoses and 98.7% of secondary diagnoses were correct. Coding of primary procedures was correct in over 90% of cases. Although the quality of coding was high and did not account for the alert it was agreed that improvements could be made, particularly around procedures, and validation processes have been established. Additionally, the clinical team looked at data submitted to the National Hip Fracture Database (NHFD) which is the national audit specific to this cohort of patients. Opportunities for improvement were identified and data completeness has significantly improved.

The clinical team focused their investigation on the treatment pathway, looking at key performance indicators, such as prompt specialist review, prompt surgery and best practice treatment post operatively. Performance is now above our London peers for many measures. The clinical team routinely review the data, provide feedback to clinicians and challenge practice that appears to be outside the expected pathway.

Our mortality has reduced and in the second half of the year is as expected, when measured by SHMI, and better than then national average as measured by the NHFD.

- Between July and September, we reviewed all deaths that occurred in the Emergency Department (ED). Twenty-six deaths were examined by our team of consultant reviewers. In 88% of cases admission and initial management was either good or excellent. End of life care and overall care were assessed as either good or excellent in 69% and 73% respectively. No poor or very poor care was observed in any phase of care. None of the deaths were felt to be due to problems in healthcare.

As the investigation didn't reveal any significant concerns we changed the focus to examine a cohort of patients that died following admission after a wait of over 8 hours in ED. To understand possible logistical consequences of admission delays we concentrated our deep dive on general surgical, vascular and orthopaedic admissions, where there may be a delayed intervention.

A total of 45 deaths were reviewed using an adapted version of the structured judgement review. This did not reveal any deaths where the initial delay to admission appeared to have directly impacted on the patient's death.

In 85% of cases where admission and initial management were assessed this was found to be either good or excellent. Both end of life care and overall care were assessed as either good or excellent in 71% of cases. No very poor care was observed in any phase of care. None of the deaths were felt to be due to problems in healthcare.

As two investigations related to care in the ED using the SJR methodology have not revealed any areas of concern or themes for improvement the learning from deaths approach will be used to examine care in the ED as and when cases are identified as per our learning from deaths policy.

Analysis of the findings of mortality reviews conducted using the validated structured judgement review methodology has suggested aspects of care and treatment that could potentially be improved, although they were not felt to have contributed to death.

- An example of the positive impact of this work relates to the death of a patient where the independent review raised a question regarding management of low potassium. This was considered by the clinical team in their regular mortality and morbidity meeting, and they concluded that care was appropriate and did not affect the patient's outcome. However, the careful scrutiny of the case, prompted by the review, led to a revision of the clinical guidance to strengthen management of potassium levels.

Summary of action taken in 2023/24 and plans for 2024/25

Over the year the Morbidity and Mortality (M&M) Coordinators team has continued to work with clinical teams to strengthen this key governance activity. A central log of actions and learning points has been introduced and will support us to monitor progress with improvement plans, and to identify trends and learning that can be disseminated to other teams.

An audit has been completed looking at how M&M meetings are operating across the trust, including use of the agreed core data set and compliance with terms of reference. This identified elements of good practice whilst also revealing areas where we should focus our improvement efforts over the coming year. The Mortality Monitoring Group agreed the following priorities for this work in 2024/25:

- To ensure common outputs from meetings in order to better understand the quality of M&Ms across the organisation and drive consistency.
- Further develop systems and reporting structures to facilitate sharing of best practice.
- Ensure joint meetings between clinical teams where necessary.
- Embed a structured process that ensures discussion of the right patients at M&Ms.
- Ensure key people attend and that all meetings are minuted, with copies of these minutes circulated and retrievable.
- Supporting accountability for acting on decisions made at M&Ms by establishing a formal monitoring process.

We have continued to collaborate with our colleagues at Epsom & St Helier with the aim of sharing ideas and learning from each other. This has helped us to strengthen our review processes and develop a more consistent approach amongst our team of reviewers. The next year will see much closer working as corporate services are integrated and mortality services will be managed at group level.

Throughout the year the Medical Examiner (ME) service has continued to scrutinise all deaths where St George's clinicians have issued a medical certificate of cause of death. The service is well embedded and supports accurate and consistent certification and support for the bereaved. The ME has continued to perform an important role in the identification of potential governance issues that need to be further explored, referring deaths to the Lead for Learning from Deaths, the Patient Safety Team, or the relevant clinical team.

Despite the national delay to the introduction of the statutory system the service has continued to drive community engagement during the year. The statutory system will mandate that all deaths, both in-hospital and in the community, are independently scrutinised by either a Medical Examiner or a Coroner. The ME service hosted by St George's will be responsible for scrutinising all deaths in Merton and Wandsworth that are not investigated by the Coroner. This year the service has increased the

number of community providers that are regularly referring deaths to the ME and the number of deaths scrutinised is five times greater than the previous year.

The service is well positioned to meet the needs of the statutory system and is working through an implementation plan that will ensure that all key stakeholders are aware and benefit from the system. Key to this will be extension of the service to include an out of hours provision on weekends and bank holidays. The Merton & Wandsworth ME service proposal has been approved by the National Medical Examiner and will be fully operational once the service moves to a statutory footing.

There were no (0) case record reviews and no (0) investigations completed after 30 April 2023 which related to deaths which took place before the start of the reporting period.

0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement review, which is based on the Royal College of Physicians (RCP) tool.

2.2.11 Standards for Seven Day Services

Reporting for standards for 7-day services has changed to reflect the framework published in February 2022 and is now undertaken biannually.

The updated framework no longer refers to compliance for standards 2 and 5 and now advises that for each acute specialty consultant job plans should be reviewed to ensure that there is sufficient timetabled consultant time to meet the anticipated demand from emergency admissions. The framework also advises that the precise level of consultant presence required to deliver these standards is for the provider to assess locally rather than being specified centrally, as each organisation has its own requirements.

With reference to performance against standards 2 and 5 in the last year the Trust has maintained increased weekend consultant presence across 7 specialties. The review process undertaken at divisional level has confirmed that adequate mitigations for safety and hospital flow are in place.

With reference to standard 8 and 7-day equitable access to MRI scanning, the service is currently limited to a number of conditions.

Hospital SITREP data continues to show a similar length of stay for admissions over 7 days, with no significant weekend disparity. The percentage of discharges occurring at the weekend continues to be lower than weekday activity, and this pattern for discharge activity is similar to regional and national benchmark data. Any individual clinical areas showing variance are subject to deep dives and oversight by the hospital flow programme.

2.2.12 How our staff can speak up

Staff are encouraged and supported to speak up about any concerns or suggestions they have about any aspect of their work and have various ways of doing so. The Trust has in place a clear policy that sets out how staff can raise concerns which

reflects relevant national guidance from NHS England and the National Guardian's Office for Freedom to Speak Up.

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

Staff can raise concerns with:

- Any manager/ leader within their department
- Group Freedom to Speak up Guardian/ Champion
- Their Human Resource Adviser/ Manager
- Executive and Non-Executive leads for Freedom to Speak Up
- Any other Executive and non- executive
- Chairman

Staff can raise concerns in different ways such as:

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

Staff are also advised how they can raise concerns externally if they are unhappy with using any of the internal routes for raising concerns or if they indicate that after raising a concern they do not feel the concern was investigated in line with the Trust policy. These external routes include the Care Quality Commission, and recognised professional or union body. Staff with concerns about potential fraud are encouraged to raise concerns with NHS Counter Fraud.

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

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

Themes and trends in the concerns raised by staff that come to the FTSU Service are reported to the Trust Board and to the Board's People Committee.

A Group-wide FTSU team has now been formed, which will support staff across the St George's, Epsom and St Helier University Hospitals and Health Group, and as such will have a wider reach and more flexibility when supporting teams and groups of staff members. The team currently comprises of 1 Group FTSU Guardian and 4

Group Deputy FTSU Guardians covering all of the sites and services across the hospital Group.

2.2.13 Guardian of safe working

The year 2023 and beginning of 2024 have seen a lot of industrial action across different staff groups, including junior doctors and consultants. The industrial action has had an impact on the well-being of juniors, their workload, and for some, financial implications. The Trust has continued to provide access to well-being support for juniors, although this group are challenging to reach as they move between organisations for training.

Exception reporting has continued at similar rates to the previous year. For the year 1 January to 31 December 2023, there were a total of 432 exception reports (compared to 500 reports for the previous year). As previously, higher number of reports were seen over the winter period, likely due to increased pressures, patient numbers and patient flow over this period. More than half of reports were received from Acute/General Medicine, as has been the pattern for many years. This reflects both the high workload for juniors in this area, as well good engagement from juniors and consultants in the department with the process of exception reporting. Juniors in the department are encouraged to report and reports are signed off promptly.

Anaesthetics has been a particular area of concern this year, due to multiple rota gaps on the senior registrar rota. This has led to juniors frequently cross covering at night. The concerns were initially highlighted at the Junior Doctor's Forum and juniors have been encouraged to exception report. Longer term solutions are needed. The division is building on the SW London clinical workforce efficiency review to explore optimal recruitment models for anaesthetic senior rotas, with a programme of work led by the Site Chief Medical Officer.

Locally employed doctors have continued to exception report throughout the year, following the first reports in January 2023. Approximately 25% of reports now come from locally employed doctors and we continue to encourage this group and improve engagement with exception reporting by working with the lead for locally employed doctors and attending the Trust bespoke induction for International Medical Graduates.

The Junior Doctor's Forum has been very active throughout the year, with new co-chairs starting in October 2024. Meetings have been well attended and juniors across the trust now have the option of submitting their concerns/feedback in advance of the JDF.

The Guardian of Safe Working has provided quarterly reports to the Trust Board, including data on rota gaps. Accurate data is difficult to obtain, due to the complexity of different rotas across departments, the frequent rotations, increased less than full time working and employment of Locally employed doctors to fill gaps. Most recent data shows 39% of rotas have at least one gap.

The rota gaps by Division for 2023-24 are summarised below.

Division	Number of rotas	Number of rotas with >1 gap
Medicine	20	6
Surgery	22	11

Children and women	20	7
Total	62	24

2.3 Reporting against Core Indicators

National Core Set of Quality Indicators

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

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

2.3.1 Mortality

The Summary Hospital Level Mortality Indicator (SHMI) is a measure of mortality that considers various factors, including a patient's condition. It encompasses patients who have passed away during treatment in hospital or within 30 days after discharge. The SHMI score is benchmarked against the NHS average, which is set at 1. A score below 1 indicates a mortality rate lower than the average. It is important to note that the SHMI is not suitable for directly comparing mortality outcomes between different Trusts. Therefore, rankings of 'best' and 'worst' Trusts are not provided for this indicator.

The SHMI for the last reporting period is as expected, which is consistent with previous reporting periods between December 2020 and including up to October 2023.

Summary hospital level mortality indicator (SHMI)	Jun 18 – May 19	Jul 18 – Jun 19	Aug 18 – Jul 19	Sep 18 – Aug 19	Oct 18 – Sep 19	Nov 18 – Oct 19	Dec 18 – Nov 19	Jan 19 – Dec 19	Jan 20- Dec 20	Dec 20- Nov 21	Jan 21- Dec 21	Jan22- Dec22	Nov22- Oct23
<i>SHMI</i>	0.81	0.83	0.83	0.83	0.85	0.85	0.85	0.86	0.84	0.90	0.91	0.94	0.96
<i>Banding</i>	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	As expected	As expected	As expected	As expected
% Deaths with palliative care coding	50	49	49	50	49	49	48	47	49	54	54	58	56

Source: [Microsoft Power BI SHMI data at trust level, Nov22-Oct23 \(xls\).xls \(live.com\)](#)

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

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

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

- We have fully implemented the Learning from Deaths Framework and embedded the implementation of the Medical Examiner System. We review all deaths to ensure we identify and share every opportunity to learn and improve the care our patients receive.

2.3.2 Patient reported outcome measures

For Trusts providing relevant acute services patient reported outcome measures (PROMs) quality is measured from the patient perspective. Trusts seek to calculate the health gain experienced by patients following one of two clinical procedures, which are hip replacement or knee replacement.

Percentage of patients reporting an increase in health following surgery		2020-21*	2021-22*	2022-22*	2023-24*
		SGH	SGH	SGH	SGH
Hip replacement	EQ-5D™	No data	No data	No data	Not published at time of writing and will be included in the 2023-24 report
	EQ-VAS	No data	No data	No data	
	Specific	No data	No data	No data	
Knee replacement	EQ-5D™	No data	No data	No data	
	EQ-VAS	No data	No data	No data	
	Specific	No data	No data	No data	

Source: [Microsoft Power BI](#)
[Provisional Patient Reported Outcome Measures \(PROMs\) in England for Hip and Knee Replacement Procedures \(April 2022 to March 2023\) - NHS England Digital](#)

*No data submitted. The Trust has not participated in the PROMs audit in recent years due to the low number of procedures undertaken. However, since January 2024 data has been submitted. The Trust's rate of participation will remain low as most elective procedures are carried out at SWLEOC.

For both hip and knee replacement procedures, the EQ-5D™ and EQ-VAS scores give the patients view of their general health improvement. The specific score comes from questions about improvement related to the hip or the knee replacement, higher scores are better.

The Trust performs only a small number of complex cases of knee and hip replacements, with the majority of routine cases being referred to the South West London Elective Orthopaedic Centre for treatment (SWLEOC).

2.3.3 Readmission within 28 days of discharge

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

Readmissions	2019-20		2020-21		2021-22		2022-23		2023-24	
	0-15	16+	0-15	16+	0-15	16+	0-15	16+	0-15	16+
Number of provider spells	20498	132936	13703	97043	16152	112266	16390	111037	13660	97,050
28-day readmissions	1558	11659	900	8421	1064	8187	1008	7356	740	6513
28-day readmissions rate	7.60%	8.77%	6.57%	8.68%	6.69%	7.29%	6.15%	6.62%	5.42%	6.71%

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

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

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

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

2.3.4 Patient experience

The national inpatient survey asked five questions focussing on the responsiveness and personal care of patients. Further to the merger of NHS Digital and NHS England the data in this format set out in the following table is no longer available via the https link below.

Patient Experience	2017-18	2018-19	2019-20	2020-21	2021-22 and on-going
St George's University Hospitals	65	67.2	67.1	65	Not available
National average	68.6	67.2	64.2	67.1	Not available
Highest (best)	85	85	84.2	84.4	Not available
Lowest	60.5	58.9	59.5	54.4	Not available

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

We have reviewed a related section in the national CQC inpatient survey (2022/23). This section is made up of several questions relating to personal care, food, and assistance with eating.

Patient Experience	2021-22	2022-23	2023-24*
St George's University Hospitals	7.3	8.1	

Source: [St George's University Hospitals NHS Foundation Trust - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk) [St George's University Hospitals NHS Foundation Trust.pptx \(live.com\)](https://www.cqc.org.uk)

The above score is pulled from the CQC report looking at "Overall Experience"

* The 2022/23 data has not been published at the time of submitting this report. This data will be included in the Quality Report 2023/24

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

- This data is validated through the external CQC national inpatient survey methodology

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

- Continue to maintain and improve performance, by continually engaging with patients, family, friends and carers
- Respond to the findings of our ward and department accreditation programme

2.3.5 Staff recommendation to friends and family

We consider that this data is as described for the following reasons: we outsource the collection of data for the NHS National Staff Survey; it is collected and submitted annually to the Staff Survey Co-ordination Centre. The data for 2023 shows a 0.73% improvement in staff who would recommend St George's to their friends and families when compared with the previous year.

Staff recommendation	2019	2020	2021	2022	2023
St George's University Hospitals	60.08%	67.04%	58.42%	58.7%	59.43%
Average for Acute	62.94%	67.0%	58.40%	56.48%	60.52%
Highest Acute Trust	81.18%	83.99%	77.82%	75.24%	77.09%
Lowest Acute Trust	35.64%	46.44%	38.47%	41.03%	44.04%

http://www.nhsstaffsurveyresults.com/wpcontent/uploads/2021/02/NHS_staff_survey_2020_RJ7_full.pdf<https://public.tableau.com/app/profile/piescc/viz/ST20localdashboards/Aboutthesurvey>

NHS Staff Survey dashboard (nhssurveys.co.uk)

Local results for every organisation | NHS Staff Survey (nhsstaffsurveys.com)

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

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

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

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

2.3.6 Patient recommendations to friends and family

Our patients are very positive about our inpatient services in 2023/24 with 95% of our Inpatients saying they would recommend our services to their friends and family.

Due to the significant demand for A&E services and the associated waiting times 83% of those visiting our A&E department said they would recommend our services to their friends and family, which was an improvement of 3.5% when compared with the previous year.

Friends and Family Test	2018-19		2019-20		2020-21- Dec21		2021-22- Mar 22		2022-23		2023-24	
St George's University Hospitals	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient
Response rate	26.20%	26.40%	15.27%	34.38%	18.97%	28.74%	12.82%	32.71%	12.43%	29.17%	7%	21%
% would recommend	87.00%	97.00%	82.41%	96.5%	89.83%	97.5%	77.86%	97.70%	74.42%	98.42%	83%	95%
% would not recommend	8.50%	1.00%	12.36%	1.14%	6.52%	0.75%	12.82%	0.60%	17.24%	0.41%	11%	3%
National comparison positive response rate	12.3%	24.6%	12.1%	24.4%	N/A*	N/A*						
National comparison as at March 2020 % would recommend	86%	96%	85%	96%	N/A*	N/A*						
National comparison as at March 2020 % would not recommend	8%	2%	9%	2%	N/A*	N/A*						

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

[Friends-and-Family-Test-inpatient-data-January-2022.xlsm \(live.com\)](#)

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

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

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

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

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

2.3.7 Venous thromboembolism

Venous thromboembolism (VTE) occurs when a deep vein thrombosis (blood clot in a deep vein, most commonly in the legs) and pulmonary embolism (where such a clot travels in the blood and lodges in the lungs) causes substantial long term health problems or death. Risk assessments for VTE ensures that we intervene with preventative measures at the earliest possible time.

Data was collected by the Trust but submission was deferred during the pandemic and will resume in April 2024 in line with the NHSE plan. As data was not submitted the data has not been benchmarked at a national level and therefore data for the average, highest and lowest performers is not available.

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

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

VTE Assessments	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
St George's University Hospitals	95.90%	96.0%	93.9%	96.18%	96.8%	97%	96.1%*
National Average	95.80%	95.6%	95.5%	95.33%	N/A	N/A	N/A
Best performing Trust*	100%	100%	100%	100%	N/A	N/A	N/A
Worst performing Trust*	72%	74.4%	71.7%	77.16%	N/A	N/A	N/A

[Venous Thromboembolism \(VTE\) Risk Assessment Data Provision Notice - NHS England Digital](#)

*.Data on Tableau report and reported in IQPR-[Quality & Performance Report for Trust Board: Patient Safety - Tableau Server](#)

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

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

2.3.8 Infection control

We are committed to improving safety by avoiding or reducing Clostridium Difficile which results in shorter length of stay and improved patient experience. The Trust has breached the NHSE number of Clostridium Difficile infections for 2022/23, an action plan is in place and on-going with monthly prevalence reduced since quarter 2, 2022/23.

Clostridium Difficile	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
St George's University Hospitals							
Trust apportioned cases due to lapses in care	16	31	8	34	33	60	41
Trust bed-days	296,981	282,339	285,321	225,244	278,832	290,474	267,252
Rate per 100,000 bed days	5.4	11.0	2.8	15.09	11.8	20.3	15.34
National average	31.2	33	3	21.52	25.81	27.51	73
Worst performing trust	113	177	15	98.61	91.6	98.8	275
Best performing trust	0	0	0	0	0	0	0

[NHSE HCAI Dashboard: Trust Overview - Tableau Server \(england.nhs.uk\)](#)

[Bed Occupancy: Acute Bed Occupancy - Tableau Server](#)

[C. difficile infection: monthly data by prior trust exposure - GOV.UK \(www.gov.uk\)](#)

[Inpatient Activity: Occupancy by Ward - Tableau Server](#)

Data showing National, Worst and Best performing Trust included all CDiff data. Does not separate Hospital and Community Onset.

NOTE: In 2020-21 Hospital capacity was organised in new ways as a result of the pandemic to treat Covid-19 and non-Covid-19 patients separately and safely in meeting the enhanced Infection Prevention Control measures. This results in beds and staff being deployed differently from in previous years in both emergency and elective settings within the hospital. As a result, caution should be exercised in comparing overall occupancy rates between this year and previous years. In general, hospitals will experience capacity pressures at lower overall occupancy rates than would previously have been the case.

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

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

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

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

2.3.9 Patient safety incidents

Patient Safety Incidents	Apr 17- Sep 18	Oct 18- Mar 19	Apr 19- Sep 19	Oct 19 – Mar 20	Apr 20- Mar 21	Apr 21-Mar 22	Apr 22-Mar 23	April 23- Mar 24
St George's University Hospitals								

Total reported incidents	5548	5934	6268	6697	12352	13092	13880	14741
Rate per 1000 bed days	34.2	39.5	45.3	45.4	51.2	51.7	55.0	55.16
*National average (acute non-specialist)	42.8	46.1						
*Highest reporting rate	111.7	95.9						
*Lowest reporting rate	23.5	16.9						

Patient Safety Incidents	Apr 17- Sep 18	Oct 18- Mar 19	Apr 19- Sep 19	Oct 19 – Mar 20	Apr 20- Mar 21	Apr 21- Mar 22	Apr 22- Mar 23	April 23- Mar 24
St George's University Hospitals								
Incidents causing severe harm or death	14	23	10	9	21	46	28	Not available at time of writing
Rate per 1000 bed days	0.25%	0.38%	0.16%	0.13%	0.17%	0.35%	0.10%	
*National average (acute non-specialist)	0.35%	0.36%						
*Highest reporting rate	1.23%	0.49						
*Lowest reporting rate	0.02%	0.01%						

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

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

The data submitted to the National Reporting and Learning System (NRLS) was previously published every six months. This has now changed to use annual timeframes, rather than six-monthly, and from 2020/21 the data is published on an annual basis.

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

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

2.3.9.2 It should be noted that in 2023-24 there were 10 never events. Serious incident investigations or patient safety incident investigations were completed and the learning was identified. Improvement action plans were developed and implemented.

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

- Continue to work towards enhancing existing mechanisms throughout 2023/24. These include: risk management input into training programmes, increased frequency of root cause analysis (RCA) training, increased involvement from medical staff in following up incidents, a bi-monthly patient safety newsletter and a quarterly analysis report and thematic learning

- Commenced the implementation of the new Patient safety Incident reporting Framework (PSIRF) in line with the new National Patient Safety Strategy.

Part 3

3.1 Our performance against the NHS Improvement Single Oversight Framework

NHS Improvement uses a number of national measures to assess access to services and outcomes, and to make an assessment of governance at NHS foundation Trusts.

In October 2023 have seen two new targets were introduced:

- 62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade (target $\geq 85\%$)
- Faster diagnosis standard: a diagnosis or ruling out of cancer within 28 days of referral (target $\geq 75\%$).

Performance against all these indicators can be seen in the table below and acts as a trigger to detect potential governance issues.

Key performance indicators

		Target	Annual performance 2019-20	Annual performance 2020-21	Annual performance 2021-22	Annual performance 2022-23	Annual performance 2023-24	Period
Referral to treatment times	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	84.20%	69.30%	72.30%	67.90%	65.30%	Mar-24
	Number of 52 week breaches	0	32	2,644	846	517	613	Mar-24
ED access	95% of patient wait less than 4 hours	>=95%	83.20%	92.80%	81.60%	76.60%	76.60%	Apr 23-Mar 24
Cancer access	62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	>=85%			74.20%	67.90%	80.80%	Feb-24
	Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%			78.20%	78.90%	77.60%	Feb-24
Diagnostic waits	Maximum 6 week wait for diagnostic procedures	95%	95.70%	89.80%	98.20%	98.20%	97.00%	Mar-24

3.2 Our performance against our Quality priorities in 2023-24

The progress we have made in delivering our quality priorities for last year is set out in the table below and where able, compared with performance for the previous year.

All the data used to assess our success in achieving our objectives has been derived from the Trust performance management systems and, where applicable, the indicators are consistent with national definitions.

In addition, all qualitative measures of success have been assured through the relevant Trust governance frameworks.

1.0 Patient Safety

Our quality priorities	What will success look like?	How did we do in 2023/24?	How our performance compared with 2022/23
Fundamentals of care: We will get the basics right every time and consistently complete risk assessments in line with expected standards of performance.	<p>With reference to pressure ulcer prevention there will be:</p> <ul style="list-style-type: none"> no category 4 pressure ulcers a 5% reduction in category 3 pressure ulcers <p>With reference to VTE there will be:</p> <ul style="list-style-type: none"> a 5% reduction in the number of hospital acquired thrombosis when compared with the previous year <p>With reference to falls we will see:</p> <ul style="list-style-type: none"> a 5% reduction in the number of falls with harm per 1000 bed days when compared with the previous year <p>With reference to delirium, we will see: a 10% improvement in the number of delirium risk assessments completed for our patients with a diagnosis of dementia when compared to baseline</p>	<p>We did not achieve this.</p> <p>There were 7 category 4 pressure ulcers, which was a decrease when compared with the previous year (9).</p> <p>There were 101 category 3 pressure ulcers which is a decrease of 31% when compared with the previous year (147).</p> <p>The data associated with preventable cases of Hospital Acquired thrombosis is not available at the time of writing.</p> <p>The average number of falls with harm by month in Q4 had increased to 20.3 when compared with the previous year (18.7).</p> <p>The overall number of falls with harm by 1000 bed days had decreased (0.71).</p> <p>The October 2023 National Audit of Delirium results will be available in Autumn 2024.</p>	<p>There were 9 category 4 pressure ulcers.</p> <p>There were 147 grade 3 pressure ulcers.</p> <p>There were 8 potentially preventable cases of Hospital Acquired thrombosis.</p> <p>The average number of falls with harm by month in Q4 was 18.7.</p> <p>The overall number of falls with harm by 1000 bed days was 0.75.</p> <p>The National Audit of Dementia (NAD) undertaken in October 2022 showed 57% compliance compared with the national average of 87%.</p>
Learning from Incidents: In line with the national patient safety strategy	<p>Patient Safety Incident Reporting Framework in place including:</p> <ul style="list-style-type: none"> Governance 	<p>We did not achieve this.</p> <p>One clinical division and Maternity Services</p>	N/A

we will develop the Trust's learning response plan and implement the new patient safety incident response framework	<ul style="list-style-type: none"> structure Patient Safety Incident Response Plan <p>A Group Policy for Patient Safety Incident reporting</p>	<p>were using the new framework by end of March 2024. We will have completed implementation across all services by end June 2024.</p> <p>The Governance Structure, Patient Incident Response Plan and Group Policy for Patient safety Incident reporting are in place.</p>	
Emergency patients will have a Treatment Escalation Plan (TEP) in place within 24 hours of admission.	60% of our patients will have a TEP in place within 24 hours of admission.	<p>We did achieve this.</p> <p>In March 2024 61.88% of adults had a TEP in place, compared with 48.24% in March 2023.</p>	In March 2023 48.24% of adults had a TEP in place confirmed by a snapshot audit
2.0 Patient experience			
Our quality priorities	What will success look like?	How did we do in 2023/24?	How our performance compared with 2022/23
Ensure enhanced data collection: We will improve how we capture patient ethnicity data	95% of patients our will have their ethnicity recorded (excluding those patients who choose not to confirm their ethnicity) by March 2024	<p>We did achieve this.</p> <p>95.1%</p>	94.5%
Using MyCare, our patient portal: Determine the patient demographic using MyCare and identify	<p>Include details on the demographic using MyCare in our patient experience reports</p> <p>Increase the use of MyCare by 10% by March 2024</p>	<p>We did achieve this.</p> <p>We now have 147,648 patients registered to use the portal, which is an increase of 67% when compared with the previous year.</p>	There were 59,521 patients registered to use the portal.

areas for improvement and increased use			
Understanding what our patients tell us about their experience: In collaboration with our Integrated Care System colleagues, we will consistently review and triangulate all sources of patient feedback to improve our understanding of what good looks like for our patients and their families	<p>We will utilise our QI approach and hold 3 Group wide learning events.</p> <p>We will develop, implement and monitor a Group improvement plan with SMART improvement actions (specific, measurable, achievable, realistic and time bound) to reflect the learning from the above events and update this as required throughout the year</p>	<p>We did achieve this.</p> <p>Page 9-10 outlines the Group wide learning events.</p> <p>We have Group wide improvement plans in place for Infection Prevention and Control, VTE, Falls Prevention, Pressure Ulcer Prevention and Dementia and Delirium.</p>	
3.0 Effectiveness and Outcomes			
Our quality priorities	What will success look like?	How did we do in 2023/24?	How our performance compared with 2022/23
Ensuring a quality, safety and learning culture: We will integrate our Quality Improvement resources across the Group to maximise service improvement activity	We will see collaborative QI projects in place across the Group underpinned by the Group Quality and Safety Strategy (in development)	<p>We did achieve this.</p> <p>Page 9-10 describes the integration of the Quality Improvement resources and outlines Group wide learning events.</p> <p>The Group Quality and Safety Strategy is scheduled to be approved at Group Board in July 2024.</p>	N/A

Working in collaboration with our Integrated Care System colleagues to improve patient flow particularly with reference to improved discharge processes: Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or investigation date if required	<p>See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2022/23.</p> <p>Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2022/23.</p>	<p>We did achieve this.</p> <p>There was an upward trend in the Trust survey for patients reporting involvement in their discharge arrangements (84.1% to 88.9%).</p> <p>However, the results for February and March 2024 are down when compared with the previous 5 months (87.2% and 84.4%).</p> <p>46.42% (10,603) discharge summaries were sent to GPs within 48 hours of discharge which was an improvement of 1.99% when compared with the previous year.</p> <p>In the CQC inpatient survey the score for patients being involved in their discharge arrangements is reported out of 10. The Trust scored 6.9 in 2022 reported in September 2023. This is a marginal improvement when compared with the score of 6.7 in 2021, reported in September 2022.</p>	<p>In March 2023 84.1% of patients reported involvement in their discharge arrangements.</p> <p>44.3% (9,490) discharge summaries were sent to GPs within 48 hours of discharge.</p>
Working in collaboration with our Integrated Care System colleagues	We will see a reduction in the average number of days our CAMHs patients wait in our paediatric wards for	Data unavailable	Data unavailable

<p>improve the pathway for CAMHS (Children and Adolescent Mental Health Services) following an in-patient admission: Continue to escalate discharge delays for CAMHS patients awaiting a specialist in-patient admission for MDT and System discussion</p>	<p>specialist in-patient admission to CAMH in-patient services when compared with the previous year</p>		
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Annex 1: Statements from commissioners, local Healthwatch organisations and overview and Scrutiny Committees

A1.1 Statement from South West London Integrated Care Board

Thank you for sharing the Trust's 2023/24 Quality Account with South West London Integrated Care Board (SWL ICB). Having reviewed the Quality Account, we are pleased to see the progress and commitment made by the Trust in maintaining high quality care for patients, ongoing improvements to enhance staff health and wellbeing, and your continuous work to being a well-led organisation.

The alignment of your quality priorities to the 5-year strategy for St George's, Epsom St Helier (GESH) Group (2023-2028) highlights that quality continues to be embedded across both Trusts.

We have noted that one of your corporate enablers is to bring together your corporate nursing and medicine teams across the Group, in order to deliver benefits of scale and cross-site learning/sharing of best practice. In addition, we note you have agreed to start the implementation of a new Quality and Safety strategy - with an early focus on strengthening your quality governance and oversight. We also note the focus required in making sure services are financially sustainable, in order to deliver affordable healthcare fit for the future. We welcome these priorities and look forward to supporting the Trust in maintaining the delivery of high quality and safe care through these changes.

Continuous improvement is a core priority for the Integrated Care System, London region and the national NHS England team, with a particular focus on the delivery of the NHS IMPACT actions and improving culture. We are pleased to see the Trust has marked some important milestones in your progress towards creating a continuous improvement culture across the GESH group including the appointment of a Group Director of Continuous Improvement, training improvement leaders, and the launch of NHS IMPACT programme. All of this will support the strengthening of an improvement culture within the Trust.

The ICB commends the Trust's results from national and local audits, including evidence of significant improvement from last year, notably increasing early identification in sepsis focusing on patients at highest risk of dying to increase earlier intervention and escalation. We are also pleased to see that 64% your patients accessing emergency had a Treatment Escalation Plan (TEP) in place within 24 hours of admission. The latter is testament to the effectiveness of your 23/24 priority to improve patient safety across the Trust with clear evidence of impact.

We recognise significant work by the Trust to improve discharge pathways. We have been working in collaboration with you and wider colleagues to improve patient flow particularly with reference to improved discharge processes: we are pleased to see that this quality priority was achieved and that you continue to survey your patients on discharge and respond to what they tell you to ensure patients are equipped with the information they need to manage their health and know how to access

appropriate support. We look forward to continued collaboration in supporting this priority.

In addition, we recognise the achievement of your patient experience quality priorities specifically on the need to understand what your patients tell you about their experience, the improvement work on discharge and flow and the increased coding of ethnicity data which will inform and improve health inequalities in access, experience, and outcomes.

We are proud that the Trust has a research strategy that sets a strong base for research and outlines your role in developing the treatments for tomorrow, to give your patients access to new treatments and improve clinical care. Your role and participation in leading and undertaking research across clinical specialities, supported by your diverse research nursing teams and Clinical Research Facility is core to how we sustain our healthcare systems for the future.

To add to this, we note your successful participation in 67 national clinical audits and four national confidential enquiries covering NHS services that St George's University Hospitals NHS Foundation Trust provides quantifying 99% of national clinical audits and 100% of national confidential enquiries.

Following our statement last year, it is encouraging to see the progress you have made with your quality priorities and the further improvement work planned through 24/25 to build on your achievements.

For 2024/25, we note the Trust has identified the following quality priorities:

Improve Patient Safety

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

Improve Patient Experience

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

Improve effectiveness and outcomes

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

Your priorities align to the ICB's 5-year Joint Forward Plan and System Quality Strategy, and we are committed to working with the Trust as a core member of the Integrated Care System to improve outcomes for our patients and deliver our shared quality priorities. We recognise that you are developing the GESH Quality and Safety Strategy 2024-2029. The ICB will be seeking to be a key stakeholder in the design and consultation process of your strategy prior to approval by your Board.

We recommend that the Trust considers the following actions within its agreed quality priorities:

- Continue improvements and efforts to reduce the reoccurrence of never events within the Trust, building on the work already undertaken around theatre safety.

- Improve safety in maternity and neonatal services in alignment with recommendations and actions from the 2023 CQC's report.
- Implement your fundamentals of care, all areas of the National Patient Safety Strategy and focus on your PSIRF transition, embedding this across the Trust's remaining divisions.
- Transition and implement the Learning from Patient Safety Events (LFPSE).
- Focus on the implementation of the checklist for clinical teams in urgent and emergency settings caring for babies, children, and young people (BCYP) in line with national guidance.
- Continue to work closely with the ICB in an open and transparent way to ensure our collaboration and partnership is strengthened.
- Consider baselining your services against the new CQC single assessment framework to ensure readiness for when this new framework goes live.

We look forward to continued work with the Trust under our partnership arrangements and strengthening our collaborative approach to system quality improvement.

Kind Regards.



Elaine Clancy
Chief Nursing Officer

A1.2 Statement from Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is grateful for the opportunity to comment on the St George's University Hospital Foundation Trust Quality Account 2022-23. The following comments are based on a draft copy of the Account that we received which did not contain all the information that will appear in the final version.

The draft version of the account had very little data about patient experience, so we are not able to make comments on the data. However, we have seen some increased focus on patient experience at the Trust. Some new innovations, such as the patient portal and outpatient transformation have strong patient experience elements built in from the beginning which reflects the diversity of patients and the local community. It would be important to see patient feedback on these areas in the next year's Quality Account. In the past year we have been more involved in the Patient Partnership and Experience Group and have collaborated on a joint event to hear more from carers about hospital discharge and virtual wards. There have been positive steps forward in improving carer experiences. The document outlines that the new CQC model will focus on people's experience, and we hope to see more about how this is going to be assessed and how patient groups or Healthwatch might be involved in future.

Priority 1 – Improve patient safety

In the draft copy of the report that we received, the priority to 'Ensure our Maternity Services are Safe' did not include values for the targets outlined so it is difficult to comment on this priority.

Learning from Patient Safety incidents through the national Patient Safety Incident Reporting Framework is key and we understand that it will need to be in place soon. We would like to see some more rapid progress in implementation and learning used reported in next years' report. The draft Account we have seen has no recent patient safety incident data in section 2.3.9 to help us comment on this priority. Later in the report there are some improvements reported on last years' priorities about patient safety, and the results for the Treatment Escalation Plan rates suggests the new target could be achievable.

Priority 2 – Improve patient experience

We very much welcome the focus on better recording and monitoring of ethnicity data. It would be really helpful to include baseline data and how this data is being a good start to enable a greater focus on inequalities. We hope to see this information embedded as a cross cutting theme in quality improvement in future.

Improving the flow in the Emergency Department to reduce overcrowding and waits is also a welcome focus. It would be useful to understand more specifically how this

may be done in light of the significant challenges and pressure that the department faces as well as whether there will be specific monitoring of people who wait on trolleys and how this impacts safety and patient experience. A later part of the draft Account discusses two incidents reported to the CQC involving patient deaths related to injuries from a fall and the expected report on the CQC inspection of the Emergency Department.

There is also data suggesting there is also a need for improvements in 'Referral To Treatment' times in certain clinical areas and in cancer diagnosis. In the draft we received there was not a lot of information about the issues and actions to address them.

Priority 3 - Improve effectiveness and outcomes

We welcome the emphasis on focusing on collaborative working to improve the mental health pathway for children and reducing waiting time for mental health patients in the Emergency Department. There is a significant need to find opportunities across the system to get people in acute mental health distress to appropriate care quickly.

We would be interested to hear more about the experience of patients as shared in the discharge survey in the next report. A later part of the draft report talks about readmission to hospital within 28 days of discharge and it would be useful to specifically hear more about the experiences of these patients. The narrative about last years' priorities talks about some mixed improvements in patient feedback and a slight improvement in discharge summaries that were sent to GPs within 48 hours of discharge.

Section 2.25 discusses the Care Quality Commission and shows some good progress on cardiac surgery improvements and a concerted management response to the issues identified by maternity and midwifery inspection.

Although we know that the Quality Account follows a prescribed format, there is a lot of information about national clinical audits which is difficult to digest. If it is possible a Red-Amber-Green rating may be helpful to more easily identify themes about what is working well and areas for improvement.

Finally, we want to acknowledge the commitment and hard work of the staff at all levels in meeting the challenge of maintaining care standards in another very challenging year.

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

- Provision of comments is voluntary – not provided

A1.4 Our response to our stakeholders

The Trust is grateful for the considered responses from all our stakeholders and their input in developing our Quality Account. These responses have been helpful and will be considered with the relevant stakeholders in developing the Quality Account for 2024-25.

A1.5 Limited assurance report on the content of the Quality Reports and mandated performance indicators

[Not required and limited to a read through against the Annual Report and Accounts]

A1.6 Independent auditor's report to the Council of Governors of St George's University Hospitals NHS Foundation Trust on the Quality Report

[Not required]

Annex 2

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

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

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report. In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2021/22* and supporting guidance *Detailed requirements for quality reports 2021/22*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2023 to June 2024
 - papers relating to quality reported to the board over the period April 2023 to June 2024
 - feedback from the Integrated Care Board
 - feedback from Governors
 - feedback from local Healthwatch organisations (voluntary)
 - feedback from overview and scrutiny committee (voluntary)
 - the Trust's complaints report 2023-24 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the latest national patient survey for Adult Inpatients; Urgent and Emergency Care; Children and Young People; and Maternity Services
 - the latest national staff survey
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated [Not required]
 - the CQC inspection reports dated 18 December 2019
 - the CQC inspection reports received in August 2024 for Maternity Services Safe and Well led
- the quality report presents a balanced picture of the Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporate the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board.



Gillian Norton

Chairman

27 June 2024



Jacqueline Totterdell

Chief Executive

27 June 2024

St George's University Hospitals NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

Foreword to the accounts

St George's University Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by St George's University Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name Jacqueline Totterdale
Job title Chief Executive
Date 27 June 2024

Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	1,064,052	984,927
Other operating income	4	161,369	142,693
Operating expenses	6, 8	(1,321,181)	(1,145,666)
Operating surplus/(deficit) from continuing operations		(95,760)	(18,046)
Finance income	10	1,947	1,352
Finance expenses	11	(16,706)	(4,500)
PDC dividends payable		(9,519)	(10,951)
Net finance costs		(24,278)	(14,099)
Other gains / (losses)	12	(796)	(483)
Surplus / (deficit) for the year from continuing operations		(120,834)	(32,628)
Surplus / (deficit) for the year		(120,834)	(32,628)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(13,920)	(5,865)
Revaluations	16	2,830	19,199
Total comprehensive income / (expense) for the period		(131,924)	(19,294)

Statement of Financial Position

		31 March 2024 £000	31 March 2023 £000
	Note		
Non-current assets			
Intangible assets	13	32,199	37,919
Property, plant and equipment	14	447,670	462,143
Right of use assets	17	46,149	163,865
Receivables	20	11,843	15,223
Total non-current assets		537,860	679,150
Current assets			
Inventories	19	18,417	20,631
Receivables	20	68,649	79,008
Cash and cash equivalents	21	48,550	58,546
Total current assets		135,616	158,185
Current liabilities			
Trade and other payables	22	(129,773)	(199,382)
Borrowings	24	(18,271)	(19,238)
Provisions	25	(397)	(567)
Other liabilities	23	(15,159)	(14,807)
Total current liabilities		(163,600)	(233,994)
Total assets less current liabilities		509,876	603,341
Non-current liabilities			
Borrowings	24	(228,999)	(192,088)
Provisions	25	(4,565)	(2,227)
Total non-current liabilities		(233,564)	(194,315)
Total assets employed		276,312	409,026
Financed by			
Public dividend capital		633,073	585,984
Revaluation reserve		75,884	86,974
Other reserves		1,150	1,150
Income and expenditure reserve		(433,795)	(265,083)
Total taxpayers' equity		276,312	409,026

The notes on pages 1 to 37 form part of these accounts.

Signed



Name Jacqueline Totterdale
Job title Chief Executive
Date 27 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	585,984	86,974	1,150	(265,083)	409,026
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	(47,879)	(47,879)
Surplus/(deficit) for the year	-	-	-	(120,834)	(120,834)
Impairments	-	(13,920)	-	-	(13,920)
Revaluations	-	2,830	-	-	2,830
Public dividend capital received	47,089	-	-	-	47,089
Taxpayers' and others' equity at 31 March 2024	633,073	75,884	1,150	(433,795)	276,312

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	565,840	73,640	1,150	(232,454)	408,176
Prior period adjustment	-	-	-	-	-
Taxpayers' and others' equity at 1 April 2022 - restated	565,840	73,640	1,150	(232,454)	408,176
Implementation of IFRS 16 on 1 April 2022	-	-	-	-	-
Surplus/(deficit) for the year	-	-	-	(32,628)	(32,628)
Impairments	-	(5,865)	-	-	(5,865)
Revaluations	-	19,199	-	-	19,199
Public dividend capital received	20,144	-	-	-	20,144
Taxpayers' and others' equity at 31 March 2023	585,984	86,974	1,150	(265,083)	409,026

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Other reserves

This reserve of £1.15m was created in March 2003 to recognise the portion of land at St George's Grove that had been omitted from the land valuation used to establish the St George's opening PDC capital balance when it became a NHS Trust on 1st April 1993. The associated land has since been sold but this reserve remains as an adjustment to the originating PDC Capital balance.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

		2023/24	2022/23
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		(95,760)	(18,046)
Non-cash income and expense:			
Depreciation and amortisation	6	50,979	49,708
Net impairments	7	115,859	1,655
Income recognised in respect of capital donations	4	(504)	(502)
(Increase) / decrease in receivables and other assets		16,057	(9,567)
(Increase) / decrease in inventories		2,214	(5,573)
Increase / (decrease) in payables and other liabilities		(61,208)	42,529
Increase / (decrease) in provisions		(448)	43
Other movements in operating cash flows		-	(206)
Net cash flows from / (used in) operating activities		27,189	60,041
Cash flows from investing activities			
Interest received		1,947	1,352
Purchase of intangible assets		(323)	(421)
Sales of intangible assets		1,112	-
Purchase of PPE and investment property		(41,965)	(55,655)
Receipt of cash donations to purchase assets		504	424
Net cash flows from / (used in) investing activities		(38,725)	(54,300)
Cash flows from financing activities			
Public dividend capital received		47,089	20,144
Movement on loans from DHSC		(602)	(602)
Movement on other loans		(1,478)	(1,478)
Capital element of finance lease rental payments		(14,671)	(16,173)
Capital element of PFI, LIFT and other service concession payments		(2,488)	(1,392)
Interest on loans		(250)	(294)
Other interest		-	(4)
Interest paid on finance lease liabilities		(5,335)	(1,775)
Interest paid on PFI, LIFT and other service concession obligations		(8,889)	(2,449)
PDC dividend (paid) / refunded		(11,836)	(11,717)
Net cash flows from / (used in) financing activities		1,540	(15,740)
Increase / (decrease) in cash and cash equivalents		(9,996)	(9,999)
Cash and cash equivalents at 1 April - brought forward		58,546	68,545
Cash and cash equivalents at 31 March	21.1	48,550	58,546

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case. The Trust incurred a £3.6m deficit for the year ended 31 March 2024 (after adjusting for excluded items against the control total). The final financial plan for 24/25 remains to be finalised, with the Trust aspiring to achieve a £60.4m deficit, having taken account of the underlying financial position going into 2024/25. Currently the Trust is exploring the funding streams confirmed for the new financial year, in order to decide if any risk or opportunities to this position exist. After making enquiries, although these factors represent material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern, the directors, have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future. As directed by the NHS Foundation Trust Annual Reporting Manual 2023/24, the directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future. On this basis, the Trust has adopted the going concern basis for preparing the accounts.

Note 1.3 Interests in other entities

From 1 April 2015, the Trust has participated in South West London Pathology, a partnership with Kingston NHS Foundation Trust and Croydon University Hospitals NHS Trust to provide pathology services for all three organisations. The partnership was expanded on 1st May 2021 to include Epsom & St Helier University Hospitals NHS Trust.

The partnership is hosted by St George's and accountable through a consortia agreement to the SWL Acute Provider Collaborative.

Ownership is divided based on Full year Activity:

• Croydon University Hospitals NHS Trust	19.60%
• Kingston NHS Foundation Trust	20.50%
• Epsom & St Helier NHS Foundation Trust	32.40%
• St George's University Hospitals NHS Foundation Trust	27.50%

South West London Pathology is not a separate vehicle for the three trusts, making this a joint operation as defined by IFRS11. As a joint operation the Trust accounts for its share of the income and expenditure for South West London Pathology.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The majority of income received by the Trust is via NHS commissioning organisations and is paid in the month that the activity is undertaken as per the SLA. In the financial year 2022/23, the Trust received the vast majority of income through Block contracts with its main commissioners. This is in recognition of the impact of the COVID-19 pandemic, simplifying financial arrangements to support front line care. In contrast to previous years, variances to commissioner plan for activity differences are negated by the Block contract, so over and under performance invoices and credit notes, normally finalised following agreement with commissioners on 'Freeze' performance, are not required. The Trust has however been funded on a 'cost and volume' basis for areas such as High Cost Drugs and Devices, COVID testing income and COVID vaccination income.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

In reviewing income recognised in the annual accounts in accordance with IFRS15, the Trust has reviewed contractual challenges and penalties, CQUIN delivery and education and training income as all are material elements of the Trust's income performance.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty

The Trust receives income from Health Education England for Education and training of medical and non medical trainees. Revenue is in respect of training provided and is recognised when performance obligations are satisfied when training has been performed. All performance obligation are undertaken within the financial year and is as agreed and invoiced to HEE.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control. Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment. An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's *FReM*, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate. The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income. The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	115
Dwellings	15	80
Plant & machinery	5	25
Transport equipment	10	11
Information technology	3	16
Furniture & fittings	7	15

Note 1.9 Intangible assets Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale. Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	5	16
Software licences	3	10

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

IFRS 16 Leases is effective across public sector from 1 April 2022. The transition to IFRS has been completed in accordance

with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

The Trust has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the Trust in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the Trust has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability. The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised. Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 25.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Corporation tax

St George's University Hospitals NHS Foundation Trust has no corporation tax liability because under the relevant extant legislation Foundation Trusts are not subject to corporation tax.

Note 1.19 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.20 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.21 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis. The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.23 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted**IFRS 17 Insurance**

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2023-24. These Standards are still subject to HM Treasury FReM adoption.

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM which is expected to be from the 1 April 2025. Early adoption is not permitted

Note 1.27 Critical judgements in applying accounting policies

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods

Land valuation:

The Trust has updated the valuation of its land and buildings in these financial statements. The valuation report was prepared by an independent valuer, Gerald Eve LLP, a firm of professionally (RICS) qualified valuers. The valuation was effective from 31 March 2024.

The Trust changed the basis of the valuation of the land on the St George's Hospital site to an alternative site basis in 2015/16 and has maintained this basis of valuation in 2023/24. This alternative site basis applies the principle of the modern equivalent asset (MEA) valuation methodology which values land and buildings at the cost that would be incurred if they had to be replaced. The valuation methodology allows the use of feasible alternative sites to value the land required to locate the Trust's buildings including RoU assets buildings, and still serve the same local population. Gerald Eve LLP has identified an alternative site in Merton and has formulated a valuation for the land using relevant valuation metrics. The Trust considers that the Merton site identified by the valuer as the alternative site for valuation purposes is reasonable and consistent with the provision of the services from the current location as it is near the St George's Hospital site in Tooting.

The applicable valuation principles make clear that where specialised buildings e.g., hospital facilities are involved and re-provision of buildings on the existing site would represent a waste of economic resources then a feasible lower cost site may be valued as an alternative. The Trust is satisfied the assumptions underpinning the valuation of the St George's Hospital site including RoU assets buildings, on the alternative site basis in these financial statements is reasonable and consistent with the principles of the alternative site valuation method.

Note 1.28 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The total balance of intangible, tangible fixed assets and right of use assets as at 31 March 2024 is £526.02m (2022/23 £663.93m) of which £365.85m (2022/23 £339.58m) relates to revalued owned assets and £25.27m relates to revalued leasehold properties.

Where non-estate assets are of low value and/or have short useful economic lives, such as operational equipment, they are carried at depreciated historical cost (cost less any accumulated depreciation) as this is not considered to be materially different from fair value. The lives of equipment assets are estimated using historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Intangible software licences are depreciated over the shorter of the term of the licence and the useful economic life. These are types of estimation, but they are less likely than the valuation of estate assets to present a significant risk of causing material misstatement.

The value and remaining useful lives of estate assets are estimated by the Trust's valuer, Gerald Eve LLP. Valuations are carried out annually and are performed in accordance with the Royal Institute of Chartered Surveyors' RICS Valuation – Global Standards ('Red Book Global Standards') and other relevant RICS guidance notes, primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. In particular, land and building assets at each site are valued as a single combined hospital facility ('single alternative site model'), as described in the previous section. The composition of this alternative replacement model requires the operation of significant levels of professional estimation by the valuer.

This methodology assumes a modern asset equivalent (MEA) approach to valuation of Trust's specialised assets, with replacement buildings being of the same service potential. Inherent within the MEA valuation approach, using the depreciated replacement cost, is the Build Cost Information Service Indices (BCIS) input, A2 - 3% change in BCIS build costs during the year would generate changes of circa 2 - 3% in the asset valuation

Because the Trust undertakes annual revaluations of estate assets, estimation uncertainty relating to asset lives and depreciation does not present significant risk of causing material adjustments.

However, as in previous years, the Trust's reliance on valuation methods does present a risk of causing a material adjustment to the carrying amount of non-current assets.

Note 2 Operating Segments

This note is not applicable to St George's University NHS Foundation Trust as the organisation does not consider itself to have more than one operating segment that accounts for at least 10% of total revenue.

Income from CCG/ICBs account for 60% (2022/23 - 49%) of the Trust revenue with a further 26% (2022/23 - 38%) from NHS England. No customer external to the NHS accounts for more than 10% of the Trust's revenue hence there are no other segments

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2023/24	2022/23
	£000	£000
Income from commissioners under API contracts - variable element*	21,133	-
Income from commissioners under API contracts - fixed element*	851,086	896,510
High cost drugs income from commissioners	49,518	8,763
Other NHS clinical income	4,207	4,186
Private patient income	1,386	196
Elective recovery fund	-	26,133
National pay award central funding***	551	17,597
Additional pension contribution central funding**	27,577	25,618
Other clinical income	108,594	5,923
Total income from activities	1,064,052	984,927

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

	2023/24	2022/23
	£000	£000
Income from patient care activities received from:		
NHS England	447,182	423,551
Clinical commissioning groups		131,232
Integrated care boards	603,627	422,587
Other NHS providers	3,620	1,097
NHS other	306	-
Local authorities	-	8
Non-NHS: private patients	1,386	196
Non-NHS: overseas patients (chargeable to patient)	3,769	3,550
Injury cost recovery scheme	2,575	2,258
Non NHS: other	1,587	448
Total income from activities	1,064,052	984,927
Of which:		
Related to continuing operations	1,064,052	984,927
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24	2022/23
	£000	£000
Income recognised this year	3,769	3,550
Cash payments received in-year	336	191
Amounts added to provision for impairment of receivables	3,034	1,899
Amounts written off in-year	-	-

Note 4 Other operating income

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	8,011	-	8,011	10,768	-	10,768
Education and training	39,505	-	39,505	37,443	-	37,443
Non-patient care services to other bodies	96,919		96,919	77,734		77,734
Reimbursement and top up funding				1,556		1,556
Income in respect of employee benefits accounted on a gross basis	12,692		12,692	9,504		9,504
Receipt of capital grants and donations and peppercorn leases		504	504		502	502
Charitable and other contributions to expenditure		177	177		2,168	2,168
Other income	3,562	-	3,562	3,018	-	3,018
Total other operating income	160,688	681	161,369	140,023	2,670	142,693
Of which:						
Related to continuing operations			161,369			142,693
Related to discontinued operations			-			-

Note 5.1 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	1,061,500	984,927
Income from services not designated as commissioner requested services	162,221	142,693
Total	1,223,721	1,127,620

Note 6 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,797	2,078
Purchase of healthcare from non-NHS and non-DHSC bodies	1,911	12,803
Staff and executive directors costs	746,160	711,137
Remuneration of non-executive directors	80	83
Supplies and services - clinical (excluding drugs costs)	132,357	109,911
Supplies and services - general	58,203	57,111
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	100,839	95,596
Consultancy costs	934	480
Establishment	12,481	11,134
Premises	30,155	43,497
Transport (including patient travel)	11,053	1,233
Depreciation on property, plant and equipment	44,645	43,128
Amortisation on intangible assets	6,334	6,580
Net impairments	115,859	1,655
Movement in credit loss allowance: contract receivables / contract assets	2,688	115
Increase/(decrease) in other provisions	132	100
audit services- statutory audit	215	198
other auditor remuneration (external auditor only)	-	-
Internal audit costs	170	122
Clinical negligence	25,274	24,952
Legal fees	613	471
Insurance	137	77
Education and training	3,236	2,310
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	1,159	8,436
Car parking & security	594	438
Losses, ex gratia & special payments	119	111
Other services, eg external payroll	1,275	423
Other *	22,761	11,487
Total	1,321,181	1,145,666
Of which:		
Related to continuing operations	1,321,181	1,145,666
Audit Fees		
The fees reconciles to the Financial statement as follows		
Statutory Audit Fee	179,355	165,000
VAT	35,871	33,000
Total Audit fee 2023/24	215,226	198,000

* Within the balance, £3.6m relates to write off of historic NHS debt which is not subject to a bad debt provision.

Note 6.1 Other auditor remuneration

	2023/24	2022/23
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
Total	-	-

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2022/23: £2 million).

Note 7 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	114,137	1,655
Other	1,722	-
Total net impairments charged to operating surplus / deficit	115,859	1,655
Impairments charged to the revaluation reserve	13,920	5,865
Total net impairments	129,779	7,520

Note 8 Employee benefits

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	570,374	544,500
Social security costs	63,671	58,925
Apprenticeship levy	2,422	2,736
Employer's contributions to NHS pensions	90,782	84,207
Pension cost - other	49	95
Temporary staff (including agency)	18,862	20,674
Total gross staff costs	746,160	711,137
Total staff costs	746,160	711,137
Of which		
Costs capitalised as part of assets	-	-

Note 8.1 Retirements due to ill-health

During 2023/24 there was 1 early retirement from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £248k (£76k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

C) National Employment Savings Scheme (NEST)

The Trust offers an additional defined contribution workplace pension scheme, the National Employment Savings Scheme (NEST), for those members of staff who do not qualify for the NHS pension scheme.

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,947	1,352
Total finance income	1,947	1,352

Note 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	217	230
Interest on other loans	27	54
Interest on lease obligations	5,335	1,776
Interest on late payment of commercial debt	-	4
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	8,889	2,449
Remeasurement of the liability resulting from change in index or rate*	2,135	
Total interest expense	16,603	4,513
Unwinding of discount on provisions	103	(13)
Total finance costs	16,706	4,500

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 32.

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2023/24	2022/23
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	4

Note 12 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	160	-
Losses on disposal of assets	(956)	(483)
Total gains / (losses) on disposal of assets	(796)	(483)
Total other gains / (losses)	(796)	(483)

The Trust dispose £1.9m (£483k 22/23) of old plant and equipment in 2023/24

There were expired leases of £5.9m (£4.3m in 22/23) with 0 net book value.

Note 13.1 Intangible assets - 2023/24

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	2,474	63,311	65,785
Impairments	11	(11)	-
Reclassifications	284	7	291
Disposals / derecognition	(297)	-	(297)
Valuation / gross cost at 31 March 2024	2,790	63,312	66,102
Amortisation at 1 April 2023 - brought forward	1,474	26,392	27,866
Provided during the year	351	5,983	6,334
Impairments	7	(7)	-
Disposals / derecognition	(297)	-	(297)
Amortisation at 31 March 2024	1,535	32,368	33,903
Net book value at 31 March 2024	1,255	30,944	32,199
Net book value at 1 April 2023	1,000	36,919	37,919

Note 13.2 Intangible assets - 2022/23

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	2,197	62,596	64,793
Valuation / gross cost at 1 April 2022 - restated	2,197	62,596	64,793
Additions	141	280	421
Reclassifications	136	435	571
Valuation / gross cost at 31 March 2023	2,474	63,311	65,785
Amortisation at 1 April 2022 - as previously stated	1,036	20,250	21,286
Provided during the year	438	6,142	6,580
Amortisation at 31 March 2023	1,474	26,392	27,866
Net book value at 31 March 2023	1,000	36,919	37,919
Net book value at 1 April 2022	1,161	42,346	43,507

Note 14.1 Property, plant and equipment - 2023/24

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2023 - brought forward	50,090	291,211	113	61,339	73,752	-	31,388	7,595	515,487
Additions	-	9,065	-	21,521	921	1,718	680	-	33,905
Impairments	(2,353)	(19,697)	-	-	-	-	-	-	(22,050)
Revaluations	170	(8,256)	-	-	-	-	-	-	(8,086)
Reclassifications	-	14,516	-	(22,890)	5,447	4,870	1,281	-	3,224
Disposals / derecognition	-	-	-	-	(4,632)	-	(898)	-	(5,530)
Valuation/gross cost at 31 March 2024	47,907	286,839	113	59,970	75,488	6,588	32,451	7,595	516,950
Accumulated depreciation at 1 April 2023 - brought forward	-	(0)	28	-	28,309	-	20,773	4,233	53,344
Provided during the year	-	10,916	4	-	9,414	601	5,439	581	26,955
Impairments	-	4	-	-	-	-	-	-	4
Revaluations	-	(10,916)	-	-	-	-	-	-	(10,916)
Reclassifications	-	-	-	-	3,515	-	-	-	3,515
Disposals / derecognition	-	-	-	-	(2,724)	-	(898)	-	(3,622)
Accumulated depreciation at 31 March 2024	-	4	32	-	38,514	601	25,314	4,814	69,280
Net book value at 31 March 2024	47,907	286,835	81	59,970	36,973	5,987	7,137	2,781	447,670
Net book value at 1 April 2023	50,090	291,211	85	61,339	45,442	-	10,615	3,362	462,143

Note 14.2 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	55,148	254,032	113	54,222	91,840	-	30,186	7,391	492,931
Valuation / gross cost at 1 April 2022 - restated	55,148	254,032	113	54,222	91,840	-	30,186	7,391	492,931
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	-	-	(19,227)	-	-	-	(19,227)
Additions	-	11,303	-	32,741	258	-	559	96	44,957
Impairments	(5,128)	(2,392)	-	-	-	-	-	-	(7,520)
Revaluations	70	9,620	-	6	-	-	-	-	9,696
Reclassifications	-	18,648	-	(25,630)	5,662	-	643	108	(569)
Disposals / derecognition	-	-	-	-	(4,781)	-	-	-	(4,781)
Valuation/gross cost at 31 March 2023	50,090	291,211	113	61,339	73,752	-	31,388	7,595	515,487
Accumulated depreciation at 1 April 2022 - as previously stated	-	(0)	24	-	31,650	-	13,858	3,622	49,155
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	-	-	-	(8,920)	-	-	-	(8,920)
Provided during the year	-	9,503	4	-	9,877	-	6,915	609	26,908
Revaluations	-	(9,503)	-	-	-	-	-	-	(9,503)
Reclassifications	-	-	-	-	-	-	-	2	2
Disposals / derecognition	-	-	-	-	(4,298)	-	-	-	(4,298)
Accumulated depreciation at 31 March 2023	-	(0)	28	-	28,309	-	20,773	4,233	53,344
Net book value at 31 March 2023	50,090	291,211	85	61,339	45,442	-	10,615	3,362	462,143
Net book value at 1 April 2022	55,148	254,032	89	54,222	60,189	-	16,328	3,769	443,776

Note 14.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	46,732	227,147	81	59,970	33,346	5,987	7,137	2,742	383,141
On-SoFP PFI contracts and other service concession arrangements	-	47,294	-	-	-	-	-	-	47,294
Owned - donated/granted	1,175	12,394	-	-	3,627	-	-	39	17,235
Total net book value at 31 March 2024	47,907	286,835	81	59,970	36,973	5,987	7,137	2,781	447,670

Note 14.4 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	48,867	228,760	85	61,339	37,275	-	10,615	3,301	390,241
On-SoFP PFI contracts and other service concession arrangements	-	49,273	-	-	-	-	-	-	49,273
Owned - donated/granted	1,223	13,178	-	-	8,167	-	-	61	22,629
Total net book value at 31 March 2023	50,090	291,211	85	61,339	45,442	-	10,615	3,362	462,143

Note 15 Donations of property, plant and equipment

The Trust has recognised capital donations receivable towards the cost of various items of medical equipment. These donations are receivable from the St George's Hospital Charity and other various charitable organisations.

Note 16 Revaluations of property, plant and equipment

In 2023/24 the Trust commissioned a valuation of its land and buildings by an independent valuer, Gerald Eve LLP, a firm of professionally (RICS) qualified valuers. The effective date of the revaluation was 31 March 2024 and the results of the valuation are included in these accounts. The valuations were prepared on the modern equivalent asset (MEA) basis applicable to NHS Trusts.

The Trust changed the basis of the valuation of the land on the St George's Hospital site to an alternative site basis in 2015/16 and has maintained this basis of valuation in 2018/19. This alternative site basis applies the principle of the modern equivalent asset (MEA) valuation methodology which values land and buildings at the cost that would be incurred if they had to be replaced. The valuation methodology allows the use of feasible alternative sites to value the land required to locate the modern equivalent replacement of the Trust's buildings and still serve the same local population. Gerald Eve LLP has identified an alternative site in Merton and has formulated a valuation for the land using relevant valuation metrics. The Trust considers that the Merton site identified by the valuer as the alternative site for valuation purposes is reasonable and consistent with the provision of the services from the current location as it is near the St George's Hospital site in Tooting. Gerald Eve LLP have valued the existing buildings as they stand using Gross Internal Floor areas provided by the Trust by reference to the cost of providing a modern equivalent asset capable of delivering the required service provision. In instances where buildings or parts of buildings would not form part of the MEA, then this has been reflected in the valuation.

The applicable valuation principles make clear that where specialised buildings e.g. hospital facilities are involved and re-provision of buildings on the existing site would represent a waste of economic resources then a feasible lower cost site may be valued as an alternative. The Trust is satisfied the assumptions underpinning the valuation of the St George's Hospital site on the alternative site basis in these financial statements is reasonable and consistent with the principles of the alternative site valuation method.

In 2016/17 the Trust changed the basis of valuation for Atkinson Morley wing to exclude VAT on the grounds that this building is financed by a PFI scheme for which the VAT on the unitary charges payable by the Trust is recoverable. This treatment is permitted under a change in the applicable valuation techniques effective from 2016/17 onwards.

Buildings are subject to composite depreciation rates according to their elemental breakdown eg substructure 80 years, internal wall 25 years etc.

Plant and Machinery: 5-25 years

Building : 1-115 years

Fixtures & Fittings: 7-15 years

Information technology: 3-16 years

Transport equipment: 10-11 years

Dwellings: 15-80 years

There is no compensation from third parties for assets impaired, lost or given up that is included in the Trust's deficit for the year.

The Trust's external valuers, Gerald Eve LLP, provided a valuation for land and buildings in 23/24. Market trends and forecasts are a prediction based on current data and historic trends and have the potential to change with consumer behaviour. The net book value of land and buildings at the 31 March 2023 is £335m (2022 £341m)

The Trust had applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. the required valuation of ROU assets was carried out in 2023/24. This is the first valuation after the of IFRS 16 was implemented and has resulted in a large difference between the valuations and the historic net book values of the assets. The valuation of the Trust's leasehold assets on the basis of Right of Use under FRS16 is a different basis than adopted by the Trust in previous Net Book Asset Valuations where the Trust have capitalised the rent paid at the eight leasehold premises at the advised treasury rate of 0.975% last year, 3.51% on any rent increase this year and 4.5% for rent increases from 1 April 2024.

This year the Trust undertook valuations for some of its leasehold assets and this resulted in a decrease in the valuations of these compared to the previous year's value which had been derived from the cost model. The leases that were valued were those where it was determined that the annual payments were not regularly adjusted in line with the market. Following the RICS guidance the valuers estimated the market rent, which in general was lower than the annual payments which often included other non-rental charges. The valuers also adopted market derived yields which were above the prescribed HM Treasury discount rate. Both these reasons caused the valuations to be lower than the previous year's ROU asset values.

In 2023/24 the Trust had an impairment of £129.8m (2022/23 7.52m). There was a decrease in the value of land of £2.3m (2022/23 £5.1m decrease) and a decrease in buildings of £17.8m (2022/23 2.4m decrease). In relation to decrease in the buildings £11.64m (2022/23 £0.8m decrease) was charged to the revaluation reserve and £115.9m (2022/23 £1.6m) which was made up of PPE £8.1m and IFRS16 £107.7m was charged to operating expenses as there was insufficient balance in the revaluation reserve for the asset.

This note details information about leases for which the Trust is a lessee.

The Trust has a number of finance leases for high value capital medical equipment including MRI scanners, CT scanners and ultrasound equipment and building.

Note 17.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	167,429	21,502	74	189,005	164,670
Additions	654	3,189	64	3,907	381
Remeasurements of the lease liability	1,279	-	-	1,279	995
Movements in provisions for restoration / removal costs	2,513	-	-	2,513	2,231
Impairments	(107,725)	-	-	(107,725)	(106,823)
Revaluations	(25,684)	-	-	(25,684)	(25,132)
Valuation/gross cost at 31 March 2024	38,466	24,691	138	63,295	36,322
Accumulated depreciation at 1 April 2023 - brought forward	13,010	12,090	40	25,140	12,555
Provided during the year	14,558	3,041	91	17,690	13,917
Impairments	-	-	-	-	-
Revaluations	(25,684)	-	-	(25,684)	(25,132)
Accumulated depreciation at 31 March 2024	1,884	15,131	131	17,146	1,340
Net book value at 31 March 2024	36,582	9,560	7	46,149	34,982
Net book value at 1 April 2023	154,419	9,412	34	163,865	152,115
Net book value of right of use assets leased from other NHS providers					2,978
Net book value of right of use assets leased from other DHSC group bodies					32,004

Note 17.2 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	19,227	-	19,227	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	155,042	-	41	155,083	152,451
Additions	-	2,275	33	2,308	-
Remeasurements of the lease liability	12,387	-	-	12,387	12,219
Valuation/gross cost at 31 March 2023	167,429	21,502	74	189,005	164,670
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	8,920	-	8,920	-
Provided during the year	13,010	3,170	40	16,220	12,555
Accumulated depreciation at 31 March 2023	13,010	12,090	40	25,140	12,555
Net book value at 31 March 2023	154,419	9,412	34	163,865	152,115
Net book value of right of use assets leased from other NHS providers					2,361
Net book value of right of use assets leased from other DHSC group bodies					149,754

Note 17.3 Revaluations of right of use assets

The Trust RoU assets were revalued as part of the revaluation of assets in 2023/24

Note 17.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.1.

	2023/24 £000	2022/23 £000
Carrying value at 31 March	161,218	7,612
IFRS 16 implementation - adjustments for existing operating leases		155,083
Lease additions	3,907	2,308
Lease liability remeasurements	1,279	12,387
Interest charge arising in year	5,335	1,776
Lease payments (cash outflows)	(20,006)	(17,948)
Other changes	-	-
Carrying value at 31 March	151,733	161,218

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Income generated from subleasing right of use assets in £0k and is included within revenue from operating leases in note 4.

Note 17.5 Maturity analysis of future lease payments

	Of which		Of which	
	DHSC group bodies:		DHSC group bodies:	
Total	31 March	31 March	Total	31 March
2024	2024	2024	2023	2023
£000	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	14,104	11,784	15,575	13,007
- later than one year and not later than five years;	57,140	50,181	58,483	52,606
- later than five years.	80,489	79,469	87,160	86,065
Total gross future lease payments	151,733	141,434	161,218	151,678
Finance charges allocated to future periods	-	-	-	-
Net lease liabilities at 31 March 2024	151,733	141,434	161,218	151,678
Of which:				
Leased from other NHS providers		1,904		2,350
Leased from other DHSC group bodies		139,530		149,328

Note 18 Disclosure of interests in other entities

The Trust does not have any subsidiaries and is not part of a joint venture

Note 19 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	5,876	5,304
Consumables	12,541	15,327
Total inventories	18,417	20,631
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £154,909k (2022/23: £73,926k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £177k of items purchased by DHSC (2022/23: £2,168k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 20.1 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables	66,507	77,658
Allowance for impaired contract receivables / assets	(14,328)	(11,996)
Prepayments (non-PFI)	6,675	3,589
PDC dividend receivable	3,481	1,164
VAT receivable	1,619	4,224
Other receivables	4,695	4,369
Total current receivables	68,649	79,008
Non-current		
Contract receivables	10,635	13,720
Other receivables	1,208	1,503
Total non-current receivables	11,843	15,223
Of which receivable from NHS and DHSC group bodies:		
Current	37,858	42,565
Non-current	1,208	1,503

Note 20.2 Allowances for credit losses

	2023/24	2022/23
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	11,996	11,881
New allowances arising	2,688	115
Utilisation of allowances (write offs)	(356)	-
Allowances as at 31 Mar 2024	14,328	11,996

Note 20.3 Exposure to credit risk

The Trust has carried out a review of 23/24 receivables and there is no material exposure to credit risks.

Note 21.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24	2022/23
	£000	£000
At 1 April	58,546	68,545
At 1 April (restated)	58,546	68,545
Net change in year	(9,996)	(9,999)
At 31 March	48,550	58,546
Broken down into:		
Cash at commercial banks and in hand	167	107
Cash with the Government Banking Service	48,383	58,439
Total cash and cash equivalents as in SoFP	48,550	58,546
Total cash and cash equivalents as in SoCF	48,550	58,546

Note 22.1 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	26,038	50,830
Capital payables	13,509	21,569
Accruals	63,658	116,029
Social security costs	8,364	748
Other taxes payable	8,697	1,508
Pension contributions payable	9,496	8,624
Other payables	11	74
Total current trade and other payables	129,773	199,382
Non-current		
Total non-current trade and other payables	-	-
Of which payables from NHS and DHSC group bodies:		
Current	6,603	13,727
Non-current	-	-

Note 22.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2024 £000	31 March 2024 Number	31 March 2023 £000	31 March 2023 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 23 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	15,159	14,807
Total other current liabilities	15,159	14,807

Note 24.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Loans from DHSC	679	685
Other loans	739	1,488
Lease liabilities	14,104	15,575
Obligations under PFI, LIFT or other service concession contracts	2,749	1,490
Total current borrowings	18,271	19,238
Non-current		
Loans from DHSC	9,034	9,636
Other loans	-	739
Lease liabilities	137,629	145,643
Obligations under PFI, LIFT or other service concession contracts	82,336	36,070
Total non-current borrowings	228,999	192,088

Borrowings from the Department of Health and Social Care**DHSC capital loans**

1. The Trust drew down a DHSC capital loan of £14.7m in 2014/15 and 2015/16. This capital loan is repayable over 25 years at a fixed interest rate of 2.2%. The Trust repaid £0.6m of these loans in 2023/24. As at 31/03/24 the balance owed by the Trust on this loan is £9.64m.

London Energy Efficiency Fund

2. The Trust received a loan from the London Energy Efficiency Fund (LEEF) for £13.3m in 2014/15 to finance an energy performance contract capital project with British Gas. The LEEF loan is repayable over 10 years at a fixed interest rate of 0.67% for the period July 2014 to March 2015 inclusive and a fixed interest rate of 1.81% thereafter. The Trust repaid £1.48m of this loan in 2023/24. As at 31/03/24 the balance owed by the Trust on this loan is £739k.

Note 24.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2023	10,321	2,227	161,218	37,559	211,325
Cash movements:					
Financing cash flows - payments and receipts of principal	(602)	(1,478)	(14,671)	(2,488)	(19,239)
Financing cash flows - payments of interest	(223)	(27)	(5,335)	(8,889)	(14,474)
Non-cash movements:					
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023				47,879	47,879
Additions	-	-	3,907	-	3,907
Lease liability remeasurements	-	-	1,279	-	1,279
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	-	2,135	2,135
Application of effective interest rate	217	27	5,335	8,889	14,468
Other changes	-	(10)	-	-	(10)
Carrying value at 31 March 2024	9,713	739	151,733	85,085	247,270

	Loans from DHSC £000	Other loans £000	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2022	10,927	3,695	7,612	38,951	61,185
Carrying value at 1 April 2022 - restated	10,927	3,695	7,612	38,951	61,185
Cash movements:					
Financing cash flows - payments and receipts of principal	(602)	(1,478)	(16,173)	(1,392)	(19,645)
Financing cash flows - payments of interest	(234)	(60)	(1,775)	(2,449)	(4,518)
Non-cash movements:					
Impact of implementing IFRS 16 on 1 April 2022			155,083		155,083
Additions	-	-	2,308	-	2,308
Lease liability remeasurements	-	-	12,387	-	12,387
Application of effective interest rate	230	54	1,776	2,449	4,509
Other changes	-	16	-	-	16
Carrying value at 31 March 2023	10,321	2,227	161,218	37,559	211,325

Note 25 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2023	724	375	1,695	2,794
Change in the discount rate	-	-	(268)	(268)
Arising during the year	132	-	2,513	2,645
Utilised during the year	(115)	(142)	(52)	(309)
Reversed unused	-	-	(84)	(84)
Unwinding of discount	18	-	166	184
At 31 March 2024	759	233	3,970	4,962
Expected timing of cash flows:				
- not later than one year;	-	233	164	397
- later than one year and not later than five years;	759	-	54	813
- later than five years.	0	-	3,752	3,752
Total	759	233	3,970	4,962

The provision for pension costs is calculated using information provided by the NHS Business Services Authority. The provision for legal claims has been calculated using figures and estimated probabilities supplied by the NHS Resolution, the Trust's solicitors and the Trust's Human Resources department.

Note 25.1 Clinical negligence liabilities

At 31 March 2024, £309,644k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of St George's University Hospitals NHS Foundation Trust (31 March 2023: £395,494k).

Note 26 Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	(41)	(33)
Gross value of contingent liabilities	(41)	(33)
Net value of contingent liabilities	(41)	(33)
Net value of contingent assets	-	-

Note 27 Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	21,869	14,034
Intangible assets	-	1,064
Total	21,869	15,098

Note 28 On-SoFP PFI, LIFT or other service concession arrangements**Note 28.1 On-SoFP PFI, LIFT or other service concession arrangement obligations**

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2024 £000	31 March 2023 £000
Gross PFI, LIFT or other service concession liabilities	164,967	58,971
Of which liabilities are due		
- not later than one year;	11,377	3,841
- later than one year and not later than five years;	45,508	15,363
- later than five years.	108,082	39,767
Finance charges allocated to future periods	(79,882)	(21,412)
Net PFI, LIFT or other service concession arrangement obligation	85,085	37,559
- not later than one year;	2,749	1,490
- later than one year and not later than five years;	14,200	7,076
- later than five years.	68,136	28,993

The Trust signed a private finance initiative (PFI) contract in March 2000 for the exclusive use of the new Atkinson Morley wing on the St George's Hospital site. The new wing was commissioned in August 2003 and the 35 year lease for the wing started from this date. At the end of the 35 year term the Trust has the right to exercise the option to acquire the building at a nominal cost. The contract is with Blackshaw Healthcare Services Ltd, a special purpose vehicle company which is responsible for the maintenance of the building and the availability of the facilities within the building. On the adoption of International Financial Reporting Standards (IFRS) in 2008/09 the Trust accounted for the scheme as an on-statement of financial position PFI scheme and therefore the £50m original capital value of the facility was included within property plant and equipment and the associated finance lease creditor within borrowings. The building is depreciated and revalued on a consistent basis with purchased buildings.

Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2024 £000	31 March 2023 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	181,380	248,259
Of which payments are due:		
- not later than one year;	12,439	11,781
- later than one year and not later than five years;	50,046	52,031
- later than five years.	118,895	184,447

Note 28.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2023/24 £000	2022/23 £000
Unitary payment payable to service concession operator	12,536	12,277
Consisting of:		
- Interest charge	8,889	2,449
- Repayment of balance sheet obligation	2,488	1,392
- Service element and other charges to operating expenditure	1,159	8,436
Total amount paid to service concession operator	12,536	12,277

Note 32 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 32.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis) 2023/24 £000	IAS 17 basis (old basis) 2023/24 £000	Impact of change 2023/24 £000
Unitary payment payable to service concession operator	12,536	12,536	-
Consisting of:			
- Interest charge	8,889	2,352	6,537
- Repayment of balance sheet obligation	2,488	1,489	999
- Service element	1,159	8,695	(7,536)

Note 32.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024 Statement of Financial Position:	£000
Increase in PFI / LIFT and other service concession liabilities	(49,015)
Decrease in PDC dividend payable / increase in PDC dividend receivable	-
Increase in cash and cash equivalents (impact of PDC dividend only)	838
Impact on net assets as at 31 March 2024	(48,177)

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	£000
PFI liability remeasurement charged to finance costs	(2,135)
Increase in interest arising on PFI liability	(6,537)
Reduction in contingent rent	7,536
Reduction in PDC dividend charge	838
Net impact on surplus / (deficit)	(298)

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	£000
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(47,879)
Net impact on 2023/24 surplus / deficit	(298)
Impact on equity as at 31 March 2024	(48,177)

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	£000
Increase in cash outflows for capital element of PFI / LIFT	(999)
Decrease in cash outflows for financing element of PFI / LIFT	999
Decrease in cash outflows for PDC dividend	838
Net impact on cash flows from financing activities	838

Note 33 Financial instruments

Note 33.1 Financial risk management

IAS 32 defines financial instrument as a contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

Examples of financial assets are cash or a contractual right to receive cash.

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The Trust is not exposed to the degree of financial risk faced by business entities because of the continuing service provider relationship that the Trust has with clinical commissioning groups and the way those bodies are financed. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has minimal overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure subject to affordability as confirmed by the regulator. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust also borrows from government to finance working capital and to finance operating losses using working capital loans and working capital facilities respectively. These borrowings are at fixed rates of interest. The Trust has a loan with the London Energy Efficiency Fund to finance capital expenditure which is also at a fixed rate of interest. Therefore the Trust has low exposure to interest rate fluctuations.

Credit risk

The Trust has low exposure to credit risk because the majority of the Trust's revenue comes from contracts with other public sector bodies. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

The Trust does not have any substantiated basis to conclude that the impact of Covid 19 will result in a credit risk.

Liquidity risk

The Trust's operating costs are incurred primarily under contracts with clinical commissioning groups which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks in terms of the timing of payments for most of its receivables. The Trust has incurred operating deficits since 2014/15 and this has necessitated borrowing from government to maintain liquidity in previous years. The Trust has not borrowed funds in 22/23 and 23/24

Note 34.2 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial assets as at 31 March 2024			
Trade and other receivables excluding non financial assets	67,475	-	67,475
Cash and cash equivalents	48,550	-	48,550
Total at 31 March 2024	116,025	-	116,025
	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial assets as at 31 March 2023			
Trade and other receivables excluding non financial assets	85,254	-	85,254
Cash and cash equivalents	58,546	-	58,546
Total at 31 March 2023	143,800	-	143,800

Note 34.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024		
Loans from the Department of Health and Social Care	9,713	9,713
Obligations under leases	151,733	151,733
Obligations under PFI, LIFT and other service concession contracts	85,085	85,085
Other borrowings	739	739
Trade and other payables excluding non financial liabilities	92,043	92,043
Total at 31 March 2024	339,313	339,313
	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2023		
Loans from the Department of Health and Social Care	10,321	10,321
Obligations under leases	161,218	161,218
Obligations under PFI, LIFT and other service concession contracts	37,559	37,559
Other borrowings	2,227	2,227
Trade and other payables excluding non financial liabilities	178,241	178,241
Total at 31 March 2023	389,566	389,566

Note 34.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024 £000	31 March 2023 £000
In one year or less	119,055	200,009
In more than one year but not more than five years	105,743	77,732
In more than five years	195,996	135,093
Total	420,794	412,834

Note 34.5 Fair values of financial assets and liabilities

The Trust considers that the fair value of financial assets and financial liabilities are the same as book value.

Note 35 Losses and special payments

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Stores losses and damage to property	15	122	5	37
Total losses	15	122	5	37
Special payments				
Ex-gratia payments	31	20	55	49
Special severance payments	-	-	1	20
Total special payments	31	20	56	69
Total losses and special payments	46	142	61	106
Compensation payments received				

St Georges University Hospitals is a Foundation Trust within the Department of Health and Social Care. The Department of Health and Social Care is regarded as a related party.

NHS Foundation Trusts

Department of Health and Social Care

Health Education England

Special Health Authorities

Other DH bodies

Non - NHS Related party transactions

Total

Non - NHS Related party transactions

Total

2023/24 Related parties

Events after the reporting date

There are no known events after reporting date at present.

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

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of St George's University Hospitals NHS Foundation Trust (the 'Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to

continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24; and
- based on the work undertaken in the course of the audit of the financial statements the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial

statements in the form and on the basis set out in the Accounts Directions included in the NHS Foundation Trust Annual Reporting Manual 2023/24, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the audit committee, concerning the Trust's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, fraudulent revenue recognition and fraudulent expenditure recognition. We determined that the principal risks were in relation to:
 - Journal entries which met a range of criteria defined as part of our risk assessment;
 - Valuation of land and buildings;
 - Revenue recognition for material streams of patient care income and other operating revenues; and
 - Fraudulent expenditure recognition to meet externally set targets.
- Our audit procedures involved:
 - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
 - journal entry testing, with a focus on journals meeting a range of criteria defined as part of our risk assessment;

- challenging assumptions and judgements made by management in its significant accounting estimates, including those for the valuation of land and buildings;
- challenging and evaluating assumptions and judgements made by management in its recognition of expenditure at year-end;
- challenging the Trust's estimates and the judgments in order to arrive at the total income from contract variations recorded in the financial statements and other manual accruals/deferrals of healthcare income and other revenues; and
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the potential for fraud in revenue and expenditure recognition and the significant accounting estimates related to land and building valuations. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the health sector and economy in which the Trust operates
 - understanding of the legal and regulatory requirements specific to the Trust including:
 - the provisions of the applicable legislation
 - NHS England's rules and related guidance
 - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter, except on 12 June 2024 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to:

- the Trust's failure during 2023/24 to develop plans for required efficiency savings for 2024/25 which are intrinsic to addressing its underlying deficit and to maintain financial sustainability; and
- the Trust's failure to develop a credible medium term financial plan.

We recommended that the Trust should:

- develop a pipeline of cost improvement plans for 2024/25 ensuring that the arrangements are embedded quickly so that recurrent efficiencies are identified, and all budget holders are held to account for the delivery of savings throughout the year. The Trust should also look to develop a multi-year pipeline of efficiency/transformation programmes in conjunction with partners; and
- develop a credible medium term financial plan to provide assurance that the Trust can achieve a breakeven position in the next 3 to 5 years.

Responsibilities of the Accounting Officer

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

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

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

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of St George's University Hospitals NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

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

John Paul Cuttle

John Paul Cuttle, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

Date: 27 June 2024

www.stgeorges.nhs.uk

Produced by the Communication Team

Designed by the Medical Illustration department

External audit findings report

St George's University Hospital NHS Foundation
Trust

12 June 2024 reported to the Audit Committee
Updated to 20 June 2024





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Audit findings for St George's University Hospital NHS Foundation Trust for the year ended 31 March 2024

This audit findings report presents the observations arising from the audit that are significant to the responsibility of those charged with governance to oversee the financial reporting process and confirmation of auditor independence, as required by International Standard on Auditing (UK) 260. Its contents have been discussed with management.

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

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

We encourage you to read our transparency report which sets out how the firm complies with the requirements of the Audit Firm Governance Code and the steps we have taken to drive audit quality by reference to the Audit Quality Framework. The report includes information on the firm's processes and practices for quality control, for ensuring independence and objectivity, for partner remuneration, our governance, our international network arrangements and our core values, amongst other things. This report is available at <https://www.grantthornton.co.uk/globalassets/1.-member-firms/united-kingdom/pdf/annual-reports/transparency-report-2023.pdf>.

We would like to take this opportunity to record our appreciation for the kind assistance provided by the finance team and other staff during our audit.

Paul Cuttle

Director
For Grant Thornton UK LLP

Chartered Accountants

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Headlines

This table summarises the key findings and other matters arising from the statutory audit of St George’s University Hospital NHS Foundation Trust (‘the Trust’) and the preparation of the Trust’s financial statements for the year ended 31 March 2024 for those charged with governance.

Financial Statements

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

- The Trust’s financial statements give a true and fair view of the financial position of the Trust and of its income and expenditure for the period; and
- The Trust’s financial statements, and the parts of the Remuneration and Staff Report to be audited, have been properly prepared in accordance with the Department of Health and Social Care (DHSC) group accounting manual 2023/24 (GAM).

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

Our audit work was completed through a combination of remote and on site work during May to June 2024. We have not identified any adjustments to the financial statements which impacts your reported Comprehensive Expenditure figure. We have identified several disclosure amendments where updates were required to disclosures in the accounts to ensure that they complied with the requirements of the GAM. These amendments are detailed on pages 22-27. We have also raised 5 recommendations for management as a result of our audit work. These are set out in Appendix B. Our follow up of recommendations from the prior year’s audit are detailed in Appendix C.

There are no matters of which we are currently aware of that would require modification of our audit opinion or material changes to the financial statements, subject to the following matters at the date of writing this report;

- receipt of a response to our legal inquiries;
- receipt of management representation letter and
- review of the final set of financial statements.

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

Headlines

Value for Money (VFM) arrangements

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

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

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

As part of our work, we considered whether there were any risks of significant weakness in the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources. We have identified a risk of significant weakness in the Trust’s arrangements around financial sustainability. We summarise our findings to date on page 18.

We have completed our work on Value for Money arrangements and our findings are set out in our Auditor’s Annual Report which was provided to those charged with governance alongside this report.

As in the prior year we have identified a significant weakness in the Trust’s arrangements in relation to financial sustainability.

Statutory duties

The National Health Service Act (‘the Act’) and the National Audit Office Code of Audit Practice also require us to:

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

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

We expect to certify the completion of the audit in June 2024.

Significant Matters

We note there have been a improvement in management responses to audit queries and the quality of working papers provided compared the prior year. However we have still encountered some delays in the responses to the return of full return of sample documentation and to audit queries during the audit that has delayed our progress.

Specific areas which have presented a delay are the resolution of sample and audit queries around: variable income samples, starter/leaver/change of circumstances in employees sampling and capital additions/payables/reclassifications.

We planned our resourcing on the audit to complete the audit by the 14 June 2024 ; a target communicated to the Trust finance team. The teams worked collaboratively to try to meet this target, but some of the delays in receiving samples and query responses have meant some takes were being completed beyond this target date.

Our approach to materiality

As communicated in our Audit Plan dated January 2024, we determined materiality at the planning stage as £17m based on 1.5% of prior year gross operating costs. Following receipt of the draft financial statements, we have reconsidered planning materiality based on the final financial statements. We have retained our determined materiality for the fieldwork stage at £17m. Although the gross expenditure for the Trust has increased, in order to mitigate audit risk we have kept materiality at the same level as the planning materiality previously reported in the Audit Plan

Our approach to determining materiality is set out below.

Basis for our determination of materiality

- We have used 1.5% of prior year gross operating costs as the basis for determining materiality.
- The basis for determining materiality is consistent with the prior year as the trust's activities are driven by patient activity, therefore this is the most accurate determinant of the scale of the organisation.

Reporting threshold

- We will report to you all misstatements identified in excess of £300k, in addition to any matters considered to be qualitatively material.

Our approach to materiality

Materiality area	Single Entity Amount (£)	Qualitative factors considered
Materiality for the financial statements	17,000,000	This is equivalent to approximately 1.5% of the Trust's operating expenses for the period ended 31 March 2024. As communicated in our audit plan, we determined materiality at the planning stage as £17m based on prior year operating expenses. We have determined that gross expenditure in year is the appropriate benchmark as the Trust's activities are driven by patient activity, therefore this is the most accurate determinant of the scale of the organisation.
Performance Materiality for the financial statements	11,900,000	The performance materiality has been set at 70% of financial statement materiality. This reflects our risk assessed knowledge of potential for errors occurring. Performance materiality is used for the purposes of assessing the risks of material misstatement and determining the nature, timing, and extent of further audit procedures. This is the amount we set at less than materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole.
Trivial matters	300,000	We will report to you all misstatements identified in excess of £300k as this is the reporting threshold for any errors identified as part of our work on the National Audit Office's Whole of Government Accounts (WGA) exercise.
Senior officer remuneration disclosures.	50,000	Due to the public interest in senior officer remuneration disclosures, and based on the code, we apply specific audit procedures to this work and set a lower materiality level for this area. We design our procedures to detect errors in specific accounts at a lower level of precision which we have determined to be applicable for senior officer remuneration disclosures. We evaluate errors in the remuneration report for both quantitative and qualitative factors against this lower level of materiality. We will apply heightened auditor focus in the completeness and clarity of disclosures in this area and will request amendments to be made if any errors exceed the threshold we have set or would alter the bandings reported for any individual.

Overview of significant audit risks identified

The below table summarises the significant risks discussed in more detail on the subsequent pages.

Significant risks are defined by ISAs (UK) as an identified risk of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum due to the degree to which risk factors affect the combination of the likelihood of a misstatement occurring and the magnitude of the potential misstatement if that misstatement occurs. A significant risk can be a significant risk due to error or due to fraud. For the purposes of the ISAs (UK), the auditor is concerned with fraud or suspected fraud that causes a material misstatement in the financial statements. Two types of intentional misstatements are relevant to the auditor – misstatements resulting from fraudulent financial reporting and misstatements resulting from misappropriation of assets. As part of our consideration of risks relating to fraudulent financial reporting we consider the potential for override of controls or other inappropriate influence over the financial reporting process, such as efforts by management to manage income, expenditure or accruals in order to influence the Trust’s year end performance.

Other risks are, in the auditor's judgment, those where the risk of material misstatement is lower than that for a significant risk, but they are nonetheless an area of focus for our audit.

Risk title	Risk level	Change in risk since Audit Plan	Fraud risk	Level of judgement or estimation uncertainty	Findings
1 Management override of controls	Significant	↔	✓	Low	●
2 Revenue Recognition	Significant	↔	✓	Medium	●
3 Fraud in expenditure recognition	Significant	↔	✓	Medium	●
4 Valuation of land and buildings (Including Right of Use Asset)	Significant	↔	✗	High	●

Key

- ↑ Assessed risk has increased since audit plan
- ↔ Assessed risk is consistent with audit plan
- ↓ Assessed risk has decreased since audit plan
- No adjustment or change in disclosure required
- Non-material adjustment or change to disclosures within the financial statements
- Material adjustment or change to disclosures within the financial statements

Significant risks

Risk	Commentary	Conclusions
<p>Management over-ride of controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management override of controls is present in all entities. The Foundation Trust faces external pressures to meet the agreed targets and could potentially place management under undue pressures in terms of how they report performance.</p> <p>We have therefore identified management override of controls, in particular journals, management estimates and transactions outside the course of business as a significant risk of material misstatement.</p>	<p>We have:</p> <ul style="list-style-type: none"> • Evaluated the design effectiveness of management controls over journals; • Analysed the journals listing and determine the criteria for selecting high risk and unusual journals; • Challenged management’s key judgements and estimates and considered whether these judgements and estimates are individually or cumulatively indicative of management bias; • Tested unusual journals made during the year and after the draft accounts stage for appropriateness and for corroboration; • Gained an understanding of the accounting estimates and critical judgements applied by management and consider their reasonableness; and • Evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions. 	<p>During our review of the controls around Journals, we identified users within the financial accounts team who had privileged Journal user rights. Normally, we would anticipate this right to be reserved for those working in the finance systems team rather than the accountants preparing the financial statements. See Appendix B Action Plan for further details.</p>

Significant risks

Risk	Commentary	Conclusions
<p>Revenue Recognition</p> <p>Under ISA (UK) 240, there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.</p> <p>Trusts face significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240.</p> <p>The majority of the Trust's revenue is received from Integrated Care Boards (ICBs) and NHS England for the provision of patient care services, including performance based payments related to targets in elective recover rates. There is estimation based on contract performance of the year-end revenue and receivables position with commissioning bodies which make this a significant risk area for our audit due to the level of estimation uncertainty applied to this area of the financial statements.</p> <p>We have not deemed it appropriate to rebut the presumed significant risk for material streams of patient care income and other operating revenue, due to the scale of financial pressures experienced by the trust, which increase the risk of material misstatement from improper revenue recognition.</p> <p>We have therefore identified the occurrence and accuracy of the Trust's income streams and the existence of associated receivable balances as a significant risk.</p>	<p>We have:</p> <p><u>Accounting Policies and Systems</u></p> <ul style="list-style-type: none"> • Evaluated the Trust's accounting policies for the recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the GAM for 2023-24. • Updated our understanding of the Trust's system for accounting for income from Patient Care an Other Operating Revenues, and evaluate the design of these associated controls. <p><u>Patient Care Income</u></p> <ul style="list-style-type: none"> • Using the DHSC Mismatch report, we investigated unmatched revenue and receivables balances over the NAO £0.3m threshold, corroborating unmatched balances used by the Trust to supporting evidence. • Agreed significant contract income to signed agreements with ICBs and NHS England. • We agreed, on a sample basis, income from central allocations, non-block contract payments, and other variable income, and year end receivables to signed contract variations, invoices or other supporting evidence such as centrally agreed system allocations. • We evaluated the estimates and judgements made by management with regards to corroborating evidence in order to arrive at the total income from contract variations recorded in the financial statements. <p><u>Other Operating Revenue:</u></p> <ul style="list-style-type: none"> • We have agreed, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence. This will include - but not be limited to – education income, non patient services income, staff recharges and other income. 	<p>We have identified some variances/accounts errors impacting revenues in the accounts which are set out in the Audit Adjustments pages 22 to 29. We are satisfied that the unadjusted misstatements are well below our audit materiality, and our work has not identified any material issues in relation to this risk.</p>

Significant risks

Risk	Commentary	Conclusions
<p>Fraud in expenditure recognition</p> <p>As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may be greater than the risk of fraud related to revenue recognition. There is a risk the Foundation Trust may manipulate expenditure to meet externally set targets and we have regard to this when planning and performing our audit procedures.</p> <p>Management could defer recognition of expenditure by under-accruing for expenses that have been incurred during the period but which were not paid until after the year-end or not record expenses accurately in order to improve the financial results. Conversely, in prior years auditors have encountered examples of NHS bodies over-accruing to reach a predetermined outturn position due to changes in funding arrangements and to arrangements made across system partnership regions. Management could also reduce expenditure by inappropriately capitalising expenditure in order to recognise a specific outturn position.</p>	<p>Work completed:</p> <ul style="list-style-type: none"> • Evaluated your accounting policy for recognition of expenditure for appropriateness and compliance with the DHSC Group Accounting Manual 2022/23; • Understood the Trust’s control environment around manual expenditure accruals at the year end; • Tested a sample of expenditure invoices and payments made in the period after 31 March 2024 to determine whether the expenditure has been recognised in the correct accounting period and whether accruals are complete; • Focussed our above journals testing on those manual journals which impact the control total through decreasing or increasing the level of expenditure and assessed whether there was an appropriate basis for posting these journals and the amount was supported by appropriate evidence; • Selected a sample of year end accruals and inspected supporting evidence or payment amounts for the accrual post year-end to assess whether the accruals had been correctly recorded; • We also critically analysed the accruals listing with prior year to ensure completeness of accruals has been achieved; • Inspected transactions incurred around the end of the financial year to assess whether they had been included in the correct accounting period. 	<p>We have identified some variances/accounts errors impacting expenditure in the accounts which are set out in the Audit Adjustments pages 22 to 29. We are satisfied that the unadjusted misstatements are well below our audit materiality, and our work has not identified any material issues in relation to this risk.</p>

Significant risks

Risk	Commentary	Conclusions
<p>Valuation of land and buildings (Including Right of Use Asset)</p> <p>The Trust revalue its land and buildings on an annual basis to ensure that the carrying value is not materially different from the current value at the financial statements date. This valuation represents a significant estimate by management in the financial statements.</p> <p>Management have engaged the services of a valuer to estimate the current value as at 31 March 2024. The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions.</p> <p>We therefore identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk, which was one of the most significant assessed risks of material misstatement, and a key audit matter.</p>	<p>We have:</p> <ul style="list-style-type: none"> evaluated management's processes and controls for the calculation of the estimate, the instructions issued to the valuation expert and the scope of their work; evaluated the competence, capabilities and objectivity of the valuation expert; written to the valuer to confirm the basis on which the valuations were carried out; challenged the information and assumptions used by the valuer to assess completeness and consistency with our understanding; evaluated the valuer's report to identify assets that have large and unusual changes and/or approaches to the valuation – these assets have been substantively tested to ensure the valuations are reasonable; tested a selection of other asset revaluations made during the year to ensure they have been input accurately into the Trust's asset register, revaluation reserve, and Statement of Comprehensive Income; evaluated the assumptions made by management for any assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value; engaged our own valuer to assess the instructions to the Trust's valuer, the valuer's report and the assumptions that underpin the valuation; for all assets not formally revalued or revalued on a desktop/indexation basis only, evaluated the judgement made by management or others in determination of current value of these assets. 	<p>Our work has not identified any material issues in relation to this risk.</p>

Significant matters

Significant matter	Commentary
Significant events or transactions that occurred during the period	<p>A £107m impairment was made in the valuation of Queen Marys University Hospital, which is the major part of Right of Use Assets portfolio revalued during the year. This was as a result of a change in accounting estimate.</p> <p>In the prior year on implementation of IFRS16, the asset had been valued at cost under the GAM. This valuation estimate on the cost basis is calculated via a method prescribed in the GAM with the key input to the valuation being the lease rental. From discussions with the management we understand that this rental figure was significantly in excess of the market rate due to the nature of the property being held under a PFI contract by the lessor. In the current financial year, the Trust has made a change in accounting estimate to value the land and building Right of Use Assets using the DRC modern equivalent asset method in line with the other DRC specialised assets in the portfolio leading to a significant reduction in the valuation. This is a permitted valuation method under the GAM.</p> <p>As part of our detailed work on valuation of land and buildings (including Right of Use Asset), we have obtained sufficient assurance around the fact that the closing value of this asset is not materially misstated and that the change in accounting estimate applied is reasonable. To do so we reviewed the completeness and accuracy of the underlying information used to determine the valuation. This included testing accuracy of floor areas plans provided to the valuer and challenging the management expert around the method and assumptions they have applied in valuing these assets. Moreover, we also engaged our own auditor's valuation expert to review and challenge the approach to the revaluation in the current financial year. We have concluded that the revaluation of Right of Use Assets was reasonable and materially accurate.</p>
Business conditions affecting the Trust, and business plans and strategies that may affect the risks of material misstatement	From our work during the audit of the financial statements and from discussions with management and those charged with governance, we are not aware of any business conditions that would significantly affect the Trust.
Concerns about management's consultations with other accountants on accounting or auditing matters	From our work during the audit of the financial statements and from discussions with management and those charged with governance, we are not aware that the Trust has consulted with any other accountants.
Significant matters on which there was disagreement with management, except for initial differences of opinion because of incomplete facts or preliminary information that are later resolved by the auditor obtaining additional relevant facts or information	We have not identified any such disagreements.
Other matters that are significant to the oversight of the financial reporting process	We have not identified any other such matters.
Adjustments identified as having been made to meet the system position	We have not identified any material adjustments that have been made to the Trust's position to enable achievement of a specific financial position.

Other risks identified

Risk	Commentary	Conclusions
Assets under Construction	<p>As in previous years, the Trust holds a substantial Asset Under Construction balance, £59.9m in Property, plant, and equipment. It is worth noting that this presents a potential risk of impairment. The reason for this concern is that the Trust is involved in several projects and any significant changes in scope or discontinuation of these projects could potentially trigger an impairment event in accordance with IAS 36.</p> <p>There have been notable instances in the public sector where prolonged construction projects have resulted in significant impairments upon completion. However, it's important to note that the standards necessitate management to assess assets under construction for impairment throughout the project, rather than solely upon completion.</p> <p>We also note there are potential risks around assets under construction and ensuring they are reclassified on a timely basis. The risk here is that they would not be brought into use at the correct date which could lead to the Trust understating its depreciation charge.</p>	<p>Work performed:</p> <ul style="list-style-type: none"> We reviewed the Trust's Asset Under construction balance undertaking detailed testing of a sample of key projects. We reviewed each item to test if we could evidence the project was still ongoing and was not complete. We also reviewed each project for impairment events as highlighted in IAS 36 just to ensure that there is no such instance present at the trust which could lead to the respective projects being impaired. <p>From our work we tested £48.72m of the overall Asset Under construction balance. The largest 2 balance amounting to £25.4m relate to the ITU Surge Capacity Cavell and Keates project and ITU Expansion Trust Enabling Works, both of which are scheduled for completion in 2025/26 and 2024-25, respectively as per confirmation from the project head. We note that on completion the Trust will likely be required to revalue the asset per the GAM requirements. Management are of the view no impairment events have taken place on these assets or other assets under construction.</p> <p>We identified 2 assets amounting to £4.5m for which we could not receive a confirmation with respect to their expected completion date as these are under review. One of these projects is development of design for children's ward 5th floor, that has an amount accounted for under Asset Under Construction of £2.19m which has remained constant from prior year closing balance. Given the uncertainty around the project as it has no further development since last year, we are of view that this does create some risk around this project's carrying value, however it would not be material to the accounts. To date we have not identified any indications of impairment but note the Trust should look to monitor if any impairment events are identified over the life of the project to ensure they comply with IAS 36.</p> <p>We test additions at cost into the assets under construction asset classification, providing assurance over the existence and occurrence of these transactions and assets. Given our materiality of £17m, our view is that the risk of a material impairment of an asset under construction is low risk, given the largest asset is £25.4m. However, we have added a representation to the management letter of representation around the absence of indicators of impairment in assets under construction.</p>

"In respect of some risks, the auditor may judge that it is not possible or practicable to obtain sufficient appropriate audit evidence only from substantive procedures. Such risks may relate to the inaccurate or incomplete recording of routine and significant classes of transactions or account balances, the characteristics of which often permit highly automated processing with little or no manual intervention. In such cases, the entity's controls over such risks are relevant to the audit and the auditor shall obtain an understanding of them." (ISA (UK) 315)

Key judgements and estimates

Judgement or estimate	Summary of management's approach	Audit Comments	Assessment
Land and Building valuation - £334.5m Right of Use Asset valuation- £31.5M	<p>Land and buildings comprises £303.5m of specialised assets such as the St George's hospital site, which are valued at depreciated replacement cost (DRC) at year end, on a modern equivalent asset basis. Management determined the amount of space and location required for ongoing service delivery in the light of their current and projected service needs and have instructed the valuer accordingly. The remainder of land and buildings are not specialised in nature and are valued in existing use (EUV) at year end.</p> <p>The Trust engaged with its external valuer, Gerald Eve, to complete the valuation of properties as at 31 March 2024. Approximately 99% of total land and buildings were revalued at 31 March 2024, as part of the desktop valuation exercise on a five yearly cyclical basis.</p> <p>The total year end valuation of land and buildings was £334.5m, a net decrease of £6.9m from 2022/23 (£341m).</p> <p>For the Right of Use Asset amounting to £46.1m, assets amounting to £31.5m have been revalued representing a significant portion of the portfolio which has been revalued during the year.</p> <p>The Trust has included in its accounting policies that the valuation of the estate contains estimation uncertainty to highlight this to the reader.</p>	<p>We have:</p> <ul style="list-style-type: none"> deepened our risk assessment procedures performed including understanding processes and controls around the identification and determination of estimates. This included understanding methods, assumptions and data used; considered the competence, capabilities and objectivity of the valuation expert used by the Trust. We have not identified any concerns; considered the data and assumptions used by management to derive the estimate. assessed the consistency of estimate against market data available. considered the appropriateness of the MEA assumptions used, in particular we have confirmed that none have changed since the prior year; We have employed an auditor's expert in order to assess the reasonableness of the data used by the valuer; confirmed that there have been no changes to the valuation method this year; reviewed the valuation impairments made to Right of Use Assets. In the first year of implementation of IFRS16 the Trust opted to revalue Right of Use Assets on the cost basis. In this subsequent year the Trust have opted to have their professional valuer revalue the assets on the DRC Modern Equivalent Asset method in line with the main hospital site. This method is acceptable under the NHS GAM and IFRS, and we are satisfied that the valuation assumptions and method applied are reasonable. We tested the inputs to the valuation for reasonableness and we used our own auditor's valuation expert to review the revaluation of Right of Use Assets. We were satisfied that the Right of Use Assets valuations were reasonable and materially accurate ; and assessed the reasonableness of the disclosures related to accounting estimates. <p>Conclusion</p> <p>We are satisfied the estimate of your land and buildings valuation is not materially misstated.</p>	

Assessment









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

Other findings

Issue	Commentary	Auditor view
<p>ISAE 3402 Service Auditor Reports</p> <p>The ISAE 3402 Service Audit Type II reports have been received which assess the state of the control environment for the period 1 April 2023 to 31 March 2024 for the following services used by the ICB:</p> <ul style="list-style-type: none">NHS Shared Business Service Limited: Finance and Accounting ServicesThe Electronic Staff Record Programme	<p>We have considered the service auditor reports to identify any potential control deficiencies impacting on St George’s University Hospital NHS Foundation Trust</p> <p>NHS Shared Business Services Limited: Finance and Accounting Services</p> <p>The ISAE 3402 Service Auditor Type II report for NHS Shared Business Services Limited: Finance and Accounting Services given a clean opinion on the controls reviewed. No issues were identified within this report.</p> <p>The Electronic Staff Record Programme</p> <p>ESR (ISAE 3000 Type II) - clean audit opinion. No impact on our audit.</p>	<p>The audit opinions for both the service organisations provide reasonable assurance that the control objectives were suitably designed and operated effectively during the period 1 April 2023 to 31 March 2024.</p> <p>Considering the above we are satisfied that the control environment for both the service organisations are designed and operating effectively.</p>





Other findings – Information Technology

This section provides an overview of results from our assessment of Information Technology (IT) environment and controls which included identifying risks from the use of IT related to business process controls relevant to the financial audit. This includes an overall IT General Control (ITGC) rating per IT system and details of the ratings assigned to individual control areas.

IT application	Level of assessment performed	Overall ITGC rating	ITGC control area rating			Related significant risks/other risks
			Security management	Technology acquisition, development and maintenance	Technology infrastructure	
Oracle SBS	ITGC assessment (design and implementation effectiveness only)					See above significant risks
Electronic staff record	ITGC assessment (design and implementation effectiveness only)					See above significant risks

For the detail risk identified in relation to Oracle, please refer to slide 30

Assessment

-  Significant deficiencies identified in IT controls relevant to the audit of financial statements
-  Non-significant deficiencies identified in IT controls relevant to the audit of financial statements/significant deficiencies identified but with sufficient mitigation of relevant risk
-  IT controls relevant to the audit of financial statements judged to be effective at the level of testing in scope
-  Not in scope for testing

Communication requirements

Issue	Commentary
Matters in relation to fraud	<ul style="list-style-type: none"> We have previously discussed the risk of fraud with the Audit Committee and have performed inquiries of the trusts counter fraud team and been made aware of fraud of trivial financial quantum We have not been made aware of any other incidents in the period and no other issues have been identified during the course of our audit procedure
Matters in relation to related parties	<ul style="list-style-type: none"> We are not aware of any related parties or related party transactions which have not been disclosed
Matters in relation to laws and regulations	<ul style="list-style-type: none"> You have not made us aware of any significant incidences of non-compliance with relevant laws and regulations and we have not identified any incidences from our audit work.
Written representations	<ul style="list-style-type: none"> A letter of representation has been requested from the Trust.
Accounting practices	<ul style="list-style-type: none"> We are currently evaluating the appropriateness of the Trust's accounting policies, accounting estimates and financial statement disclosures. If any discrepancies are identified then those will be reported to the committee.
Confirmation requests from third parties	<ul style="list-style-type: none"> We requested from management permission to send confirmation requests to banking institutions. This permission was granted and the requests were sent and have been received as part of our final accounts work. We requested management to send letters to those solicitors who worked with the Trust during the period. All responses were received, and no issues were noted.
Disclosures	<ul style="list-style-type: none"> Our review found no material omissions in the financial statements
Audit evidence and explanations	<ul style="list-style-type: none"> All information and explanations requested from management was provided. Queries are still ongoing though.
Significant difficulties	<ul style="list-style-type: none"> See our comments on page 5 under Significant Matters. We experienced some difficulty and delays in obtaining sufficiently clear evidence/responses on some of our samples testing.

Other responsibilities

Issue	Commentary
Going concern	<p data-bbox="389 344 1960 496">In performing our work on going concern, we have had reference to Statement of Recommended Practice – Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom (Revised 2020). The Financial Reporting Council recognises that for particular sectors, it may be necessary to clarify how auditing standards are applied to an entity in a manner that is relevant and provides useful information to the users of financial statements in that sector. Practice Note 10 provides that clarification for audits of public sector bodies.</p> <p data-bbox="389 511 1748 532">Practice Note 10 sets out the following key principles for the consideration of going concern for public sector entities:</p> <ul data-bbox="389 554 1982 815" style="list-style-type: none"> • the use of the going concern basis of accounting is not a matter of significant focus of the auditor’s time and resources because the applicable financial reporting frameworks envisage that the going concern basis for accounting will apply where the entity’s services will continue to be delivered by the public sector. In such cases, a material uncertainty related to going concern is unlikely to exist, and so a straightforward and standardised approach for the consideration of going concern will often be appropriate for public sector entities • for many public sector entities, the financial sustainability of the reporting entity and the services it provides is more likely to be of significant public interest than the application of the going concern basis of accounting. Our consideration of the Trust’s financial sustainability is addressed by our value for money work, which is covered elsewhere in this report. <p data-bbox="389 829 1982 951">Practice Note 10 states that if the financial reporting framework provides for the adoption of the going concern basis of accounting on the basis of the anticipated continuation of the provision of a service in the future, the auditor applies the continued provision of service approach set out in Practice Note 10. The financial reporting framework adopted by the Trust meets this criteria, and so we have applied the continued provision of service approach. In doing so, we have considered and evaluated:</p> <ul data-bbox="389 965 1566 1122" style="list-style-type: none"> • the nature of the Trust and the environment in which it operates • the Trust’s financial reporting framework • the Trust’s system of internal control for identifying events or conditions relevant to going concern • management’s going concern assessment. <p data-bbox="389 1136 1694 1158">On the basis of this work, we have obtained sufficient appropriate audit evidence to enable us to conclude that:</p> <ul data-bbox="389 1179 1846 1249" style="list-style-type: none"> • a material uncertainty related to going concern has not been identified • management’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Other responsibilities under the code

Issue	Commentary
Other information	<p>We are required to give an opinion on whether the other information published together with the audited financial statements (including the Annual Report), is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.</p> <p>No inconsistencies have been identified. We plan to issue an unmodified opinion.</p>
Auditable elements of Remuneration Report and Staff Report	<p>We are required to give an opinion on whether the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the requirements of the Act, directed by the Secretary of State with the consent of the Treasury.</p> <p>We have audited the elements of the Remuneration Report and Staff Report, including the Fair Pay Multiple Disclosures, as required by the Code, and have identified a number of small amendments which have been correctly processed by the Trust in the updated Report.</p> <p>We plan to issue an unmodified opinion.</p>
Licence conditions	<p>We are not aware of any FT licence conditions breaches.</p>
Referral to the regulator	<p>Under Schedule 10 paragraph 6 of the National Health Service Act 2006, auditors can report to the relevant regulatory body if they have reason to believe that the audited body is:</p> <ul style="list-style-type: none"> - About to make, or has made, a decision which would involve unlawful expenditure - About to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency. <p>We did not make any referral to the regulator</p>

Other responsibilities under the code

Issue	Commentary
Matters on which we report by exception	<p>We are required to report on a number of matters by exception in a number of areas:</p> <ul style="list-style-type: none"> • the Annual Governance Statement does not comply with guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit, • the information in the annual report is materially inconsistent with the information in the audited financial statements or is apparently materially incorrect based on, or is materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit, or otherwise misleading. • if we have applied any of our statutory powers or duties. • where we are not satisfied in respect of arrangements to secure value for money and have reported significant weaknesses. <p>We have nothing to report on these matters.</p>
Review of accounts consolidation schedules and specified procedures on behalf of the group auditor	<p>We are required to give a separate audit opinion on the Trust accounts consolidation schedules and to carry out specified procedures (on behalf of the NAO) on these schedules under group audit instructions. In the group audit instructions the Trust was selected as a sampled component, meaning additional work is required.</p> <p>Our work in this area is not yet completed. To date, we have nothing to report on these matters.</p>
Certification of the closure of the audit	<p>We intend to certify the closure of the year end 31 March 2024 audit of the Trust in June 2024.</p>

Audit Adjustments

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

Impact of adjusted misstatements

All adjusted misstatements are set out in detail below, along with the impact on the key statements.

Detail	Statement of Comprehensive Income £'000	Statement of Financial Position £'000	Impact on adjusted net surplus £'000	Reason for not adjusting
Bad Debt Expense Trust has recorded write off for NHS debtors outstanding for more than one year amounting to £3.6m, within Note 3.1 Patient Care - Other clinical income. As the write off is an expense therefore this should be recorded as such as well. Therefore, we have proposed an audit adjustment to move the debtor write off expense from income to expenditure in note 7.1. Dr – Other Expenditure Cr - Other clinical income	Dr - Other Expenditure £3.6m Cr- Other clinical income (£3.6m) Overall Impact is Nil	Nil	Nil	N/A
Classification error A classification of an accrued receivable tested amounting to £5,696.485 should have been classified as a Payable, but was classified as a credit transaction within receivables. The Trust agreed with this view and the amount was reclassified in the statements.	Dr. Expenditure £5,696 Cr. Income (£5,696)	Dr. Accrued Receivables £5,696 Cr. Payables (£5,696)	Nil	N/A

Audit Adjustments

Misclassification and disclosure changes

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

Disclosure omission	Auditor recommendations	Adjusted?
Remuneration Report	<ul style="list-style-type: none"> Some minor changes/amendments were made to the tables in the remuneration report as a result of our testing carried out. We are satisfied with the accuracy/consistency of these tables after these amendments were made. 	<ul style="list-style-type: none"> ✓
Note 1.28 Sources of estimation uncertainty	<ul style="list-style-type: none"> IAS1 says that where items are disclosed here, the standard requires a sensitivity analysis to quantitative estimate as to the impact of the uncertainty. I.e. How much does the Trust think the PPE estimate could vary based on the uncertain assumptions. 	<ul style="list-style-type: none"> ✓
Note 14.1 Property, plant and equipment	<ul style="list-style-type: none"> Trust has reflected all the additions amounting to £34m under Assets under Construction. However, from our testing we understand that some of the additions during the year are relating to additions for another PPE asset category which include Buildings amounting to £9m, Plant and Machinery for £921k, Transport equipment for £1.7m and Information technology for £680k with the remaining amount to £21.5m being only for assets under construction. Therefore, the current presentation on PPE disclosure note does not reflect the actual movement for these other PPE asset category, which therefore has to be updated. 	<ul style="list-style-type: none"> ✓
Note 17.1 Right of use Assets	<ul style="list-style-type: none"> Trust has reflected the entire amount of revaluation loss as impairment under Accumulated depreciation part of the note. This presentation is incorrect as under accumulated depreciation only the reversal of earlier charged depreciation on the assets being revalued should be reflected as impairment whereas the rest of the revaluation change should be reflected under the Gross cost part of the note. Trust has agreed to make this change. 	<ul style="list-style-type: none"> ✓
Note 3.1 Income from patient care activities (by nature)	<ul style="list-style-type: none"> Trust has currently classified API variable income amounting to £13m under other clinical income. As per standards practise trusts should have a separate Variable element and other NHS clinical income. Moreover, Trust has also currently classified under API Fixed an amount of £4m, which essentially relates to API variable and therefore this has to also be reclassified accordingly. 	<ul style="list-style-type: none"> The note to be reviewed and corrected to be compliant with regulations.
Various minor casting/disclosure amendments	<ul style="list-style-type: none"> We identified a number of casting and disclosure issues. The Foundation Trust is working through these. As part of our final checks, we will verify all expected changes have been made. 	<ul style="list-style-type: none"> The note to be reviewed and corrected to be compliant with regulations.

Audit Adjustments

Impact of unadjusted misstatements

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

Detail	Statement of Comprehensive Income £'000	Statement of Financial Position £'000	Impact on adjusted net surplus £'000	Reason for not adjusting
Bad Debt Provision In our testing we identified that the trust has not accounted for a bad debt provision for debtors which relate to St George's University of London as they do not deem there to be a risk of the debtor not paying. Our assessment of the credit loss allowance for these receivables would be £215,654, had they been provided for in line with their general debtor's provision policy. Moreover, Trust has provided the bad debt provision for Injury Cost Recovery debtor balance at 17% however as per the requirements of the GAM this should have been 23.07%. Our assessment of the credit loss allowance for these receivables would be £932,255, had they been provided for in line with the requirements of the GAM.	Dr Expenditure £ 1,148	Cr Receivables (£ 1,148)	£ 1,148	The amount was immaterial
Impairment on Intangible Asset We tested the existence and impairment of intangible assets. During this testing it became clear that there were some long aged assets for internally generated Information Technology from before 2017 and software licence before 2021. This included Cerner, iclip and E-Prescribing assets which on review are not being used by the trust anymore and therefore should no longer be included as intangible assets and should be impaired.	Dr Impairment Expenditure £ 2,080	Cr Intangible Assets (£ 2,080)	£ 2,080	The amount was immaterial

Audit Adjustments

Impact of unadjusted misstatements

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

Detail	Statement of Comprehensive Income £'000	Statement of Financial Position £'000	Impact on adjusted net surplus £'000	Reason for not adjusting
Understatement of Prepayments In our testing of prepayments, we identified error in relation to deferred income which had been incorrectly credited to prepayments. Our assessment of the extent of the error on extrapolation is that it would be a maximum of £464k which is below our Performance Materiality, and therefore this is being reported as an unadjusted misstatement.	Nil	Dr Prepayments £464 Cr Deferred Income (£464)	Nil	The amount was immaterial
Overstatement of Accrued Receivable We identified Pharmacy related accrued income (receivables) recorded in the year-end balance which related to January 2023 accruals which should have been reversed out as the accrual had crystallised as paid income in the year. This would result in overstatement of income and receivables.	Dr. Income £2,527	Cr. Accrued Receivable (£2,527)	£2,527	The amount was immaterial

Audit Adjustments

Impact of unadjusted misstatements

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

Detail	Statement of Comprehensive Income £'000	Statement of Financial Position £'000	Statement of Changes in Equity £'000	Impact on adjusted net surplus £'000	Reason for not adjusting
Understatement of Expenditures We identified a factual error on a sample item of expenditure amounting to £693k understatement of expenditure for energy expenses. We tested the amount recognised in the accounts against the latest billing/credit note information available at the time the Trust finalised the accounts. Although the Trust were of the view that billing from this supplier has been inaccurate through the year and the meter readings could present more accurate information, we understand that the latest billing information is the only data practically available for making this accrual and this is what we carry out our audit testing against.	Dr. Expenditure £693	Cr Accruals (£693)	Nil	£693	The amount was immaterial
Overstatement of Expenditures In our testing we identified an invoice which related to the previous financial year, however it was received in the current financial year. This expenditure had not been accrued into the prior period as would be expected. The item of expenditure in error was £154k. As it was impractical to fully isolate and identify the extent of other similar amounts, we extrapolated this error in our sample to reach a view as to the maximum extent of the error and gain assurance that this would not be material. The extrapolation came to £4.4m, well below our materiality of £17m hence giving assurance that the error within our representative sample would not be material. We would not request the Trust adjust the accounts based on an extrapolation.	Cr. Expenditure (£4,411)	Nil	Dr. Income and Expenditure reserve £4,411	(£4,411)	The amount was immaterial

Audit Adjustments

Impact of unadjusted misstatements (Continued)

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

Detail	Statement of Comprehensive Income £'000	Statement of Financial Position £'000	Statement of Changes in Equity £'000	Impact on adjusted net surplus £'000	Reason for not adjusting
Understatement of Expenditures During our sample testing a variance was noted between the Apprenticeship Levy recognised in the accounts against the NHS SBS Report due to incorrect posting of journals. This had led to an understatement of the expense being reported in the financial statements.	Dr. Employee benefits £496	Cr Other taxes Payables (£496)	Nil	£496	The amount was immaterial
Total unadjusted misstatements	£2,533	(£2,533)	Nil	£2,533	Total immaterial

Audit Adjustments

Impact of prior year unadjusted misstatements

Detail	Statement of Comprehensive Income £'000	Statement of Financial Position £'000	Impact on adjusted net surplus £'000	Reason for not adjusting
<p>PPE valuation understatement due to valuation clerical error</p> <p>An error was noted during our testing of the inputs to the valuation estimate for the new MRI Centre whereby the valuer had made a small clerical error and had input the wrong gross internal area (GIA). This error resulted the valuation of this asset being understated by £422k</p>	Nil	Debit Property, Plant and Equipment £422k Credit Revaluation Reserve (£422k)	Nil	Subject to the satisfactory resolution of outstanding matters set out on page 4, our work has not, to date, identified any material issues similar to this error, which when added to this prior year error would create a material misstatement.
<p>PPE depreciation understatement</p> <p>In our depreciation audit work we carried out a recalculation of depreciation over IT assets and Plant & Machinery. This highlighted that the depreciation expense on these assets had been understated by £368k.</p>	Debit Depreciation £368k	Credit Property, Plant and Equipment £368k	£368k	Subject to the satisfactory resolution of outstanding matters set out on page 4, our work has not, to date, identified any material issues similar to this error, which when added to this prior year error would create a material misstatement.
<p>Capital Payables/Asset Additions (Assets Under Construction and PPE additions) overstatement</p> <p>In our sample testing of Capital Payables we found that the Trust had capitalised/recognised capital payables for items which had not been received by the Trust prior to the year end. This meant that the risk and rewards of the assets had not transferred to the Trust and it was incorrect to recognise these amounts.</p>	Nil	Debit Capital Payables £6,125k Credit Property, Plant and Equipment £6,125k	Nil	Subject to the satisfactory resolution of outstanding matters set out on page 4, our work has not, to date, identified any material issues similar to this error, which when added to this prior year error would create a material misstatement.

Audit Adjustments

Impact of prior year unadjusted misstatements

Detail	Statement of Comprehensive Income £'000	Statement of Financial Position £'000	Impact on adjusted net surplus £'000	Reason for not adjusting
<p>Right of Use Assets and Liabilities Understatement</p> <p>In our testing of the transition to IFRS16 Right of Use Assets and Liabilities it was highlighted that the Trust has miscalculated these amounts in transition by the use of an incorrect length of lease term, resulting in an advance lease rental payment being excluded from the calculation of the asset and liability.</p>	Nil	<p>Debit Right of Use Assets £2,736k</p> <p>Credit Right of Use Liabilities £2,736k</p>	Nil	<p>Subject to the satisfactory resolution of outstanding matters set out on page 4, our work has not, to date, identified any material issues similar to this error, which when added to this prior year error would create a material misstatement.</p>

Value for money arrangements

Approach to Value for Money work for the year ended 31 March 2024

The National Audit Office issued its latest Value for Money guidance to auditors in December 2021. The Code requires auditors to consider whether a body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. In undertaking our work, we are required to have regard to three specified reporting criteria. These are as set out below.



Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services.



Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services.



Governance

How the body ensures that it makes informed decisions and properly manages its risks.

In the prior year we raised a significant weakness around the Trust's financial sustainability. This is in part due to the large deficit within the Trust's financial position. We therefore also identified in our audit plan this area as a risk of significant weakness. In relation to this risk we identified the following in our Annual Auditor Report:

- The 2023/24 financial plan agreed in May 2023 was a £15.7m deficit. Following receipt of £24.7m of non-recurrent funding the plan and forecast outturn was updated to a £9m surplus, and the Trust has reported a £3.6m deficit for 2023/24 which is £12.6m adverse to the updated plan. The latest 2024/25 financial plan is a £60.4m deficit, which is part of a Southwest London ICS £138m deficit plan.
- The 2024/25 plan includes a £65m CIP. In May 2024, a significant element of the CIP programme is rated high risk (£27.2m) and/or is unidentified (£6.6m). The Trust medium term financial plan requires further development with support of system partners to identify a path to financial sustainability which needs to be driven by both organisational and collaborative system actions.

We have therefore again identified a significant weakness in the Trust's value for money arrangements in relation to financial sustainability due to the significance of the short and medium-term financial challenges. And we have raised one key recommendation against this significant weakness. For our detailed Value for money findings please refer to our Annual Auditors report on this committee agenda pack.

Independence and ethics

As part of our assessment of our independence we note the following matters:

Matter	Conclusion
Relationships with Grant Thornton	We are not aware of any relationships between Grant Thornton and the Trust that may reasonably be thought to bear on our integrity, independence and objectivity.
Employment of Grant Thornton staff	We are not aware of any former Grant Thornton partners or staff being employed, or holding discussions in respect of employment, by the Trust as a director or in a senior management role covering financial, accounting or control related areas.
Business relationships	We have not identified any business relationships between Grant Thornton and the Trust.
Contingent fees in relation to non-audit services	No contingent fee arrangements are in place for non-audit services provided.
Gifts and hospitality	We have not identified any gifts or hospitality provided to, or received from, a member of the Group’s board, senior management or staff.

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention and consider that an objective reasonable and informed third party would take the same view. The firm and each covered person [and network firms] have complied with the Financial Reporting Council’s Ethical Standard and confirm that we are independent and are able to express an objective opinion on the financial statements

Following this consideration we can confirm that we are independent and are able to express an objective opinion on the financial statements. In making the above judgement, we have made enquiries of all Grant Thornton UK LLP teams providing services to the Trust. No non-audit services were identified which were charged from the beginning of the financial period to the current date. Details of fees charged are set out in Appendix XX

We confirm that we have implemented policies and procedures to meet the requirement of the Financial Reporting Council’s Ethical Standard.

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

Appendices

A. Communication of audit matters to those charged with governance

B. Action plan

C. Follow up of prior year recommendations

D. Fees and non-audit services

A. Communication of audit matters with those charged with governance

Our communication plan	Audit Plan	Audit Findings
Respective responsibilities of auditor and management/those charged with governance	•	
Overview of the planned scope and timing of the audit, form, timing and expected general content of communications including significant risks and Key Audit Matters	•	
Confirmation of independence and objectivity of the firm, the engagement team members	•	•
A statement that we have complied with relevant ethical requirements regarding independence. Relationships and other matters which might be thought to bear on independence. Details of non-audit work performed by Grant Thornton UK LLP and network firms, together with fees charged. Details of safeguards applied to threats to independence	•	•
Significant matters in relation to going concern	•	•
Views about the qualitative aspects of the Trust's accounting and financial reporting practices including accounting policies, accounting estimates and financial statement disclosures		•
Significant findings from the audit		•
Significant matters and issue arising during the audit and written representations that have been sought		•
Significant difficulties encountered during the audit		•
Significant deficiencies in internal control identified during the audit		•
Significant matters arising in connection with related parties		•
Identification or suspicion of fraud involving management and/or which results in material misstatement of the financial statements		•
Non-compliance with laws and regulations		•
Unadjusted misstatements and material disclosure omissions		•
Expected modifications to the auditor's report, or emphasis of matter		•

ISA (UK) 260, as well as other ISAs (UK), prescribe matters which we are required to communicate with those charged with governance, and which we set out in the table here.

This document, the Audit Findings, outlines those key issues, findings and other matters arising from the audit, which we consider should be communicated in writing rather than orally, together with an explanation as to how these have been resolved.

Respective responsibilities

As auditor we are responsible for performing the audit in accordance with ISAs (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance.

The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

Distribution of this Audit Findings report

Whilst we seek to **ensure** our audit findings are distributed to those individuals charged with governance, as a minimum a requirement exists for our findings to be distributed to all the company directors and those members of senior management with significant operational and strategic responsibilities. We are grateful for your specific consideration and onward distribution of our report, to those charged with governance.

B. Action Plan

We set out here our recommendations for the Trust which we have identified as a result of issues identified during our audit. The matters reported here are limited to those deficiencies that we have identified during the course of our audit and that we have concluded are of sufficient importance to merit being reported to you in accordance with auditing standards.

Assessment	Issue and risk	Recommendations
<div>●</div> <div>Medium</div>	<p>Segregation of duty conflicts within Oracle SBS</p> <p>We have identified a deficiency in the IT General Controls for finance systems relating to the assignment of administrative rights to individuals within the finance team. Administrative access to Oracle SBS has been granted to a combination of users who have non-IT responsibilities and are part of the finance function.</p> <p>The combination of non-IT responsibilities with the ability to set up new users is considered a segregation of duties conflict.</p> <p>We noted that five finance teams users had these permissions in the system.</p> <p>Risk</p> <p>The risk associated with the identified deficiency in the controls is that the users with administrative rights are able to post as other or non-existent users and self-approve their journals. This increases the risk of unauthorised access leading to potential misuse or manipulation of financial data as well as unauthorised transactions not detected in a timely manner. Allowing individuals within the finance team to have administrative rights without adequate segregation of duties presents a risk of conflicts of interest and potential abuse of privileges.</p> <p>We have not identified any instances of this user right being inappropriately used in this financial year. However, we typically would not expect those involved in producing the financial statements to have these user rights.</p>	<p>We recommend that the Trust implements a robust user management process within the finance system, ensuring that user additions and administrative rights assignments are regularly reviewed and approved through the appropriate channels. This may include implementing a formalised access request and approval workflow within the system, as well as periodic validation of user lists to remove non-existent or unauthorised users. Additionally, segregation of duties should be enforced to prevent individuals from the finance team having administrative access to systems they are actively using.</p> <p>Management should adopt a risk-based approach to reassess the segregation of duty matrices on a periodic basis. This should consider whether the matrices continue to be appropriate or required updating to reflect changes within the business. If incompatible business functions are granted to users due to organisational size constraints, management should ensure that there are review procedures in place to monitor activities.</p> <p>Management response</p> <p>A few individuals in the finance team have administrative rights as well as finance team rights. Management note this recommendation but like many NHS Trusts will continue with current arrangements as it is not realistic in a small team that finance team staff would only have administrative rights. Mitigating controls are in place including requirement for separate review and approval of all journal entries. As per recommendation we have already removed the role from three Finance Managers (allocated during implementation). We expect that two non-IT staff is adequate back up cover if required for the systems manager in a section of one. We are happy this does not pose any risks and have shared a matrix with the Auditors that shows all access and what can and cannot be carried out at different levels and groups. Access is based on job responsibilities roles and privileges and is managed by the systems Manager. We are comfortable with the scheme of delegation in place and this is monitored regularly.</p>

- Key**
- High – Significant effect on control system
 - Medium – Effect on control system
 - Low – Good practice

B. Action Plan



Assessment	Issue and risk	Recommendations
<p>●</p> <p>Medium</p>	<p>Deferred income monitoring</p> <p>To maintain a deferred income schedule to keep track of the individual items awarded to the Foundation Trust and movements over the years.</p> <p>Risk</p> <p>1) There might be deferred income, conditions attached to which have been met and therefore need to be recognised as income</p> <p>2) There might be long standing deferred income, conditions attached to which have not been met and therefore need to be recognised as a payable as those need to be returned.</p>	<p>We recommend that the Trust maintain a register for deferred income, whereby the income being recognised against those, either on milestone basis or in entirety, as and when the associated conditions are being met can easily be tracked.</p> <p>This will also help identify any long-standing deferred incomes, which either need to be returned or recognised as income, whereby the appropriate accounting treatment can be adapted.</p> <p>Management response</p> <p>Management have accepted the recommendation. The Trust will maintain a tracker of deferred income to allow this to be more easily tracked This action will be updated by September 2024.</p>
<p>●</p> <p>Medium</p>	<p>Retention of audit trail documentation for employee changes</p> <p>In our audit testing it was observed that no leaver form/email documentation was retained for 8 leavers in our sample. Our understanding is that for starters and leavers that in addition to the change request on the portal, that the Trust would also complete starter/leaver forms and issue a letter/email for the termination, which we would expect would be retained as an audit trail.</p> <p>Risk</p> <p>1) Poor record keeping/audit trail retention in HR could lead to disputes with employees and legal issues later on.</p>	<p>We recommend that the Trust ensures that in HR for leavers/joiners/changes in circumstances that business processes are clarified and are observed, particularly with respect to record keeping.</p> <p>Management response</p> <p>Recommendation agreed. This will be included as part of the review of the HR team structures and processes that is currently underway. Given the importance of this all staff will be reminded of the importance of effective record management. The automation of systems and processes through revised and new systems is the key to resolving this issue, this will form part of wider system improvement across 2024/25. This action will be updated by August 2024.</p>

B. Action Plan

Assessment	Issue and risk	Recommendations
<p>●</p> <p>Medium</p>	<p>Fully depreciated Assets</p> <p>We have identified there are several assets that are fully depreciated within the trusts Fixed Asset Register (FAR) representing a Gross Book Value of £13.3m. Although these assets have no impact on the Statement of Financial Position, the gross cost and depreciation could overstate the PPE note. Our view is that there should be a regular review of the FAR should be regularly reviewed for assets which are fully depreciated and no longer in use by the Trust so that the FAR and PPE note accurately state the assets in use by the Trust.</p> <p>Risk</p> <p>The Trust may be overstating the gross cost and accumulated depreciation within PPE due to the fully depreciated assets being reflected in the accounts.</p>	<p>We would recommend that the Trust regularly review assets which are fully depreciated to write out assets which are no longer in use/which have been disposed of.</p> <p>Management response</p> <p>The Trust has a robust periodic process for disposing of assets with a net book value (NBV) of zero. However, the operations team requires time to validate these assets, making it impractical to dispose of all NBV zero assets within a single year. Consequently, we are following a phased approach to dispose of these assets within the current fiscal year, consistent with our approach in previous years. This action will be updated by September 2024.</p>
<p>●</p> <p>Medium</p>	<p>Impairment Review for Intangible assets</p> <p>From the review of intangible assets register and inquiry from the management we identified assets amounting to £2m which are no longer in use by the Trust and are still recognised as having a valuation in the accounts.</p> <p>Risk</p> <p>The Trust may be overstating the Net book value of intangible assets.</p>	<p>Trust should implement impairment testing of intangible assets to write out those assets which no longer have value or which are no longer in use.</p> <p>Management response</p> <p>The Trust conducts periodic impairment assessments of intangible assets. However, operational teams require adequate time to validate finance-related requests. Consequently, the Trust has adopted a pragmatic approach by impairing intangible assets from the prior year in the current financial year, consistent with the precedent set in the previous year. This action will be updated by September 2024.</p>

C. Follow up of prior year recommendations

We identified the following issues in the audit of St George's University Hospital NHS Foundation Trust 2022/23 financial statements, which resulted in 2 recommendations being reported in our 2022/23 Audit Findings Report. **We are pleased to report that management have implemented our recommendation.**

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue	Actioned?
 Medium	<u>Capital Payables/Additions Recognition</u> In the prior year several errors were identified which overstated capital payables and additions where these were recognised where the asset was not received prior to the year end and therefore risks and rewards of ownership had not transferred to the Trust..	<p>As per the trust management, they have been committed to addressing the issue of overstated capital payables and additions in 23/24. Robust actions were taken to monitor this and reduce the risk of receiving assets prior to the year-end, with impact on a debate on transfer of ownership. They continue to monitor and access all additions with this in mind.</p> <p>As part of our testing of capital payables and assets addition, we will continue to check that where these have been accounted for during the year, risk and rewards in relation to the associated assets have also been transferred to the trust.</p>	✓
 Medium	<u>Aged NHS Debtor Balances not Written Off</u> In our prior year testing of accruals and debtors we noted that the Trust has a large amount of NHS debtors outstanding for longer than one year, dating as far back as 2011. Creditor accruals have been transacted recognising the risk that these invoices may not be paid, where there are reduced prospects of recoverability. This leads to the overstatement of debtors and creditors without impact on the Statement of Comprehensive Income.	<p>As per the trust management in the financial year 2023/24 they reviewed the creditor accruals transacted that recognised the risk on NHS debt not being recovered. Following this review the Trust wrote off £3.7m of NHS debt considered irrecoverable and is continuing to review the outstanding NHS debt on a monthly basis.</p> <p>We have confirmed this based on our review of the financial statements where we identified the £3.6m write off.</p> <p>Moreover, as per the trust management, Creditor accruals made at year end 2022/23 are no longer in place in 2023/24 in accordance with this recommendation, which removes the overstatement of debtors and creditors noted in 2022/23.</p> <p>As part of our scanning analytics, we have identified a drastic reduction in accruals from prior year and therefore as part of our testing for accruals booked at 31 March 2024, we will continue to evaluate their actualisation in the post year end period.</p>	✓

D. Fees

We confirm below our final fee charged for the audit and confirm there were no fees for the provision of non-audit services.

Audit Fees

Audit of Trust	£ 179,355
Additional work related to Trust being a sampled component in the NHSE Group return	£4,000
Additional work related to delays in receiving sample evidence/documentation and responses to audit queries (see page 5)	£2,000
Total	£ 185,355

The fees reconcile to the financial statements as follows:

fees per financial statements: £215,226

Less VAT: £35,871

Total fees per above: £179,355

Add the additional fee variances above:

Additional work related to Trust being a sampled component in the NHSE Group return £3,000

Additional work related to delays in receiving sample evidence/documentation and responses to audit queries £3,000

Total: £185,355

This covers all services provided by us and our network to the Trust, its directors and senior management and its affiliates, and other services provided to other known connected parties that may reasonably be thought to bear on our integrity, objectivity or independence. (ES 1.69)

