

Wandsworth Health News

September 2020

Jacqueline Totterdell,

St George's CEO- Makes a splash



Jacqueline, with her salary of between £230,000 and £235,000 pa, plus other benefits can well afford yachting as a hobby (Figures taken from St George's Annual Report and Accounts 2019/20)

A rubber dingy might be all that the front line workers employed by Mitie at the hospital could afford.

Jacqueline Totterdell, the Chief Executive Officer at St George's made a name for herself recently when her yacht capsized and she needed to be rescued by the Salcombe(Devon) lifeboat, who were helped by the fire service..

The CEO who was off work for months and is now working part time from home, was away on annual leave when the mishap occurred.

Apparently, she and her husband are big fans of yachting and own their own yacht.

Mitie workers at the hospital many of whom perform front line services are on the minimum wage of £8.72p an hour, or just over £18,000 a year for a 40 hour week.. Not for them the luxury of home working or cruises in the channel.

Outsourced workers at the hospital are disproportionately from black and ethnic minority backgrounds. Three of them gave their lives recently in order to keep us all safe from coronavirus.

Saleem Alighan, Salih Has-an and Fyngs Mullings all

died in May and were Mitie employees.

In her Message to Staff on 11 May, St George's CEO paid tribute to the three Mitie staff.

What she forgot to say was that two of them were long time workers at the hospital and had started their employment as NHS employees. Against their wishes they were transferred over to Mitie, without any say in the matter what so ever.

The terms and conditions of Mitie employees is far less favourable than those of the NHS.

Jacqueline Totterdell in her weekly sermons to staff waxes lyrical about combating racism, but does's little to stop the exploitation of BAME staff by outsourced private companies like Mitie.

If Jacqueline Totterdell wants to stop racism- halt the outsourcing of hospital services.

Does Covid 19 spell the end of the NHS market ?

NHS campaigners have been saying for 30 years now that the creation of a market in the NHS in 1990 was, and is, a disaster.



The brain child of Margaret Thatcher and her advisors, the division into what is called a ‘purchaser’ and a ‘provider’ arm into what was an integrated system of health care has led to the disintegration of the NHS and wholesale privatisation.

Broadly speaking, whatever the name, Primary Care Trusts, Clinical Commissioning Groups etc, were the purchasers, and hospitals and other specialist services were the providers.

From 1990 onwards the NHS was no longer a service that was publicly funded and publicly provided. Private companies began to provide services and the likes of Richard Branson’s Virgin Healthcare, Serco and G4S

began the takeover of NHS services.

Initially the public were unaware of this change because the services were purchased by the NHS and the private companies involved used, and still do, the NHS logo

Profit seeking was the main priority of these predators, not the well being of the nation’s health.

Now things seem to have come full circle. Not just NHS campaigners are seeing the virtue of a unified system.



The recent Trust Board meeting at St George’s (See Trust Board papers 30 July 2020) seemed to show that Board members too have finally got the message that a joined up NHS was better than a divided service with purchasers and providers battling each other.

Quoting from the Board papers,

In the shorter-term, we continue to work closely as ‘one NHS’ across south west London, with the joining up of resources and expertise necessitated by Covid-19 helping to accelerate our ability to work as a joined up system, rather than as individual providers.

In order to do that there must be one budget for the South West London NHS. Covering GPs, hospitals and all NHS facilities

No more market, and certainly no more private companies bidding for services.

The NHS must again become both the purchaser and the provider. Everyone knows that NHS services are professional, caring, and carried out for the good of all.

The same can’t be said for private companies whose main and only objective is to make a return for their investors.

Blundering Serco renews contract for test and trust despite widespread protests

According to Keep Our NHS Public, Serco the private company that has made a mockery of Test and Trace had its contract renewed in August.

Campaigners had called for the £528 million of funding to be given instead to local authorities and Public Health England. Companies like Serco and Sitel who currently manage the national system have a poor track record. Serco has faced heavy criticism for its handling of the test and trace. Its record on reaching contacts in the same household stands at just 52%.

Contracts worth over £100m were given to Serco without any competitive tendering and they are about to get another £300 million. They employ 18,000 low paid and poorly trained staff to work nationally, with staff working on the track and trace scheme describing themselves as sitting idle, without contact from their supervisors, with one claiming they worked for 38 hours without making a single phone call. Now 6000 are being made redundant. Local authority public health expertise was ignored – yet local knowledge is the key to success in

actually protecting people from infection.

While government advice is that 80% of contacts of those with coronavirus infection should isolate, Serco has



managed to contact only 78% of patients and then only 72% of their close contacts with 50% of people, from people in the same household as a person infected being contacted.

Other scandals have occurred. In May, the company accidentally shared the contact details of 296 of its tracers, in what would comprise a breach of data protection regulations. It was revealed that Serco had been handed a £1 million fine for its management of accommodation for asylum seekers in Scotland just months before being granted the track and trace contract.

Campaigning groups, We Own It, and Keep Our NHS Public requested that the potential value of test and trace contracts held by Serco and Sitel is instead given to lo-

cal authorities in partnership with the NHS and local and regional public health experts.

Their advice fell on deaf ears and Serco and Sitel, with the aid of powerful lobbyists had their contracts renewed by a government hand in glove with the private sector.

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All comments, criticism, information etc

Contact

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All the news from St George's latest Trust Board Meeting

- **Operating Theatres.** In June just 23 out of 29 theatres were available which meant patients were treated in the private sector. More money lost to the NHS because of cuts
- **Cancer Targets.** The Trust only met 4 of its 7 cancer targets in May. Referral to Treatment performance was 63.8% against a National target of 92% with 274 patients waiting longer than 52 weeks. It is anticipated the number of 52 week breaches by the end of June will be circa 560. For comparison purposes, London's May 2020 RTT performance was 61.4%.
- **COVID-19** continues to impact activity in June across all services though steady increases have been seen throughout the month.
- **Elective and Outpatient activity** were 61% and 23% lower than the same period last year.
- **The number of Grade 3 pressure ulcers** continues to show special cause variation with numbers being consistently above the mean since October 2019.

Warning from Keep Our NHS Public

St George's are not alone in spending money sending patients to be treated in the private sector because of lack of resources in the NHS

Paul Evans of 'Lowdown' warns that £10bn could be the price for buying operations in the private sector over the next four years to treat patients that the NHS does not have the capacity to treat, according to a newly published contract notice published by NHS England.

Defend our NHS No more Cuts No more Privatisation

Join Keep Our NHS Public

<https://keepournhspublic.com/>

Risks to St George's Hospital

An important part of every hospital Trust Board meeting is to ascertain the risks faced by the hospital in functioning as an effective service.

The risks faced by St George's are outlined below

and are taken from the latest Trust Board papers in July.

Most of the issues are finance related and caused by the consistent underfunding of the NHS.

Others are the result of poor management and the inability

of the diverse staff to raise issues and to feel included.

There are no elected staff representatives on the Trust Board.

Strategic Risks: High Level Summary – Assurance Rating and Risk Score

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Strategic Objective	Risk Reference	2020/21 Strategic Risks	Assurance Rating	Risk Score
1. Treat the patient, treat the person	SR1	Our patients do not receive safe and effective care built around their needs because we fail to build and embed a culture of quality improvement and learning across the organisation	Partial	Extreme - 16
	SR2	We are unable to provide outstanding care as a result of weaknesses in our clinical governance	Partial	High - 12
2. Right care, right place, right time	SR3	Our patients do not receive timely access to the care they need due to delays in treatment and the inability of our technology and transformation programmes to provide accessible care built around our patients' lives	Limited	Extreme - 20
	SR4	As part of our local Integrated Care System, we fail to deliver the fundamental changes necessary to transform and integrate services for patients in South West London	Partial	Moderate - 8
3. Balance the books, invest in our future	SR5	We do not achieve financial sustainability due to under delivery of cost improvement plans and failure to realise wider efficiency opportunities	Partial	Extreme - 25
	SR6	We are unable to invest in the transformation of our services and infrastructure, and address areas of material risk to our staff and patients, due to our inability to source sufficient capital funds	Partial	Extreme - 20
4. Build a better St George's	SR7	We are unable provide a safe environment for our patients and staff and to support the transformation of services due to the poor condition of our estates infrastructure	Partial	Extreme - 20
5. Champion team St George's	SR8	Our staff do not feel safe to raise concerns and are not empowered to deliver to their best because we fail to build an open and inclusive culture across the organisation which celebrates and embraces our diversity	Limited	Extreme - 20
	SR9	We are unable to meet the changing needs of our patients and the wider system because we do not recruit, educate, develop and retain a modern and flexible workforce and build the leadership we need at all levels	Partial	Extreme - 16
6. Develop tomorrow's treatments today	SR10	Research is not embedded as a core activity which impacts on our ability to attract high calibre staff, secure research funding and detracts from our reputation for clinical innovation.	Good	Moderate - 9

Covid 19 Latest

Wandsworth Week ending September 9

1515 cases

Merton 1063 cases

Lambeth 1680 cases

Wandsworth averages 17 new cases a day

Lambeth averages 13 new cases a day

Merton averages 3 new cases a day



Wandsworth Group Keep Our NHS Public

Zoom meetings every second Monday in the month

For more details contact Mike Squires

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