

# Welcome to the Annual General Meeting

## Housekeeping:

- If the fire alarm sounds in one continuous ring, please evacuate the building
- Fire exits are to your left and up the stairs
- Please switch off all mobile phones
- Toilets are located in Grosvenor Wing
- Reserved seats at the front for those with limited mobility
- A hearing loop is available for the hard of hearing



# Chairman's report

## Christopher Smallwood



# Welcome and introduction

## Agenda

- **Chairman's report:** Christopher Smallwood
- **Chief executive's report:** Miles Scott
- **Trust financial report:** Steven Bolam, director of finance
- **Maternity:**
  - Teresa Manders, director of midwifery services
  - Marion Louki, deputy director of midwifery
  - Julia Crawshaw, general manager, women's services
  - Hannah Frankel – maternity service user
- **Questions and Answers:** Christopher Smallwood, Miles Scott and board members



# St George's today

- Serving our local community
  - Wide range of hospital services
  - Providing community services and building integrated pathways
- Regional centre for specialist surgery and medicine
  - Stroke, trauma and cardiac
  - Many centres of excellence – neurosciences, cardiology, paediatrics, cancer, blood pressure
- Partnership with St George's, University of London produces highly trained medical professionals and research backed healthcare



# Investing for the future

- Developing hospital services for our community
  - Helipad on St James Wing
  - Better Services Better Value
- Developing integrated pathways for hospital and community
- Building on specialist strengths to enhance our position as a regional centre
  - neurosciences, cardiology, paediatrics, cancer
- Taking forward plans for enhanced education and research
- Major planned development, Women and Children's Hospital



# Patients, staff and living our values

- Unremitting efforts to maintain and improve quality of care
- Striving to make sure that all staff embody and live our values:

 **kind**

 **respectful**

 **responsible**

 **excellent**



# Becoming a Foundation Trust

- Growing membership
  - About 19,000 members
- Council elections
  - Shadow constitution until FT status in 2014
- St George's is well grounded in the community
- Shaping the future together



# Chief Executive's report

## Miles Scott





## From strategy to action



1. Redesign patient pathways to keep more people out of hospital
2. Redesign local hospital services to provide higher quality care
3. Consolidate and expand specialist services
4. Provide excellent education and training opportunities and develop a highly skilled workforce
5. Drive research and innovation
6. Improve productivity and the environment
7. Develop a highly skilled workforce



*and* to do all of these things at the same time as prioritising patient experience and living our values



# Design patient pathways to keep more people out of hospital



- Creating wards in the community, avoiding admission and caring for up to 200 people at a time
- Many important services that promote and protect good health are provided to people out of hospital:-



- Telehealth – technology for people to send essential health data to clinicians
- Mental health, including drug and alcohol team
- Community matrons
- GPs are part of the community ward set-up
- London Ambulance Service
- Intermediate care team
- Occupational therapy
- Community pharmacy
- Specialist nurses
- District nurses
- Palliative care
- Social services



# Design patient pathways to keep more people out of hospital

## Integrated falls service grew in 2012/13 to include:

- Winter Warmer – keeping people well in their own homes, taking them through some simple daily exercise to improve strength and mobility and to help them keep warm and well
- Nordic walking – boosting mobility, reducing future falls, avoiding isolation
- Bone boost – a consultant-led programme providing individually tailored physiotherapy according to the patient's bone health and specific needs

## Acute Coronary Syndrome – making rehab part of the plan

- Cardiac rehab is an essential part of getting back to normal after a heart attack. A review of the service found that the data was not tracking the numbers of patients attending and that not all eligible patients were invited to rehab. It was also clear that the staffing levels and skill mix did not match the type and number of patients.
- Changes to the patient pathway saw a 21% increase in the numbers now attending cardiac rehab.



# Redesign hospital services to provide higher quality care



- We have invested £1 million in The Improvement Programme, working with GE to improve quality, safety and productivity across our divisions
- Pre-operative Care Centre – checking that patients are ready for surgery and also for coping at home afterwards
- Friends and Family Test – using the views of patients to make improvements
- Matching patient experience to our excellent clinical outcomes



# Consolidate and expand specialist services



## Robotic surgery – using our skills and equipment to benefit more patients

- First used for bladder cancers, the trust's robot – aided by a top flight team of surgeons, is now carrying out prostatectomies and renal cancer surgery
- Advantages over traditional keyhole surgery including reduced trauma to the body, less blood loss and post-operative pain, reduced dependence on pain killers and shorter hospital stays
- Minimally invasive form of surgery has seen blood transfusions drop cut by 31%
- Working on plans to use the robot for paediatric surgery and other cancers
- Post-operative hospital stays involving prostate removal reduced from six days for open surgery to 24 hours
- Kidney cancer patients go home within 2-3 days as opposed to one week





# Consolidate and expand specialist services



## Children's and women's services

- The trust has a national and international reputation for children's and women's services
- Redevelopment of Lanesborough Wing will provide a customised modern environment with comprehensive state-of-the-art facilities.
- Plans to expand key specialist services like fetal medicine unit, neonatal unit and paediatric intensive care unit, which all treat patients from across the country
- Ambitious plans to redevelop delivery suite, increasing capacity and providing state-of-the-art equipment and facilities
- New specialist adolescent unit planned
- New operating theatres to allow robotic surgery on gynaecology patients

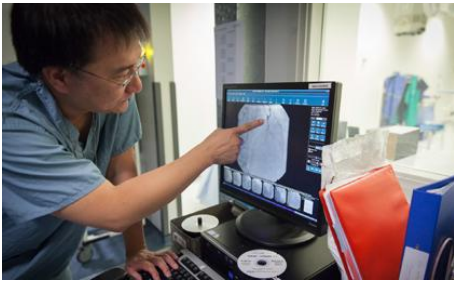


# Consolidate and expand specialist services



## Cardiac and vascular services

- This year we are expanding our life saving cardiology services so that we can further improve outcomes for critical care patients from across south west London
- Our regional Heart Attack Centre has the best survival rates in London.
- It has the quickest turnaround time for completing inter-hospital transfers involving urgent surgery
- The unit is the UK's top performer in aortic surgery and houses one of the three largest practices.



# Excellent training and education opportunities



- St George's Cardiothoracic Unit was awarded Lead Provider for training from London Commissioners for Medical and Dental Education, for the whole of London, Kent and parts of Birmingham.
- Partnership with two universities – St George's, University of London and Kingston University
- 2,581 staff attended clinical skills and simulation courses
- New dental simulation facility due to open later this year
- Project Search providing opportunities for people with learning disabilities
- The Trust was appointed Lead Provider of Postgraduate Medical Education in four specialties:- trauma and orthopaedics; clinical radiology, gastroenterology and geriatric medicine





# Drive research and innovation



- Strategic alliance established with King's Health Partners
- £18m grant awarded to NIHR Collaboration for Applied Health Research and Care (CLAHRC) South London to tackle health challenges
- Bringing the brightest minds together
- 3D image and printer technology helping maxillofacial cancer patients
- BreckerWire, invented by cardiologist Dr Stephen Brecker, is significantly reducing risk of complications in heart valve implant procedures



# Improve productivity and the environment



Improving the patient experience by designating the seven key areas in the emergency department:

- Major Trauma Centre
- A&E Major Injuries and Illnesses
- Paediatric A&E
- Paediatric Assessment Unit
- Urgent Care Centre
- Clinical Decisions Unit
- Acute Medicine Unit



This cuts waiting times and helps to ensure that the right people are seen by the right staff in the right place



# Develop a highly skilled and motivated workforce



- Listening into Action – responding to what staff tell us
- Staff who are leaders in their field represent the trust at major clinical networks like the London Cancer Alliance and at Royal Colleges
- A number of staff have won prestigious national awards, with more staff shortlisted for awards to be announced later this year



## And when all of this is put together...

It results in...

- A good and improving experience for our patients
- Services provided by staff who care about their work and want to do their best



# Working together

- Amazing staff
- Generous volunteers
- Charitable funds make a real difference



# Giving us a helping hand

- Medical Research benefitted from £469,000 in areas including multiple sclerosis, intensive care, peripheral vascular disease and rheumatology
- More than £400,000 in grants were given for patient facilities in 18 areas including pain relief and specialist therapies
- £89,000 was awarded for staff welfare in 2012/13
- Commitments for 2013/14 include £200,000 annual grants so far £100,000 towards redeveloping the Oncology Outpatients Department.

# Giving us a helping hand

- A big thank you to the other charities that support us, including....





# Trust financial report 2012/13

## Steve Bolam, director of finance, performance and informatics

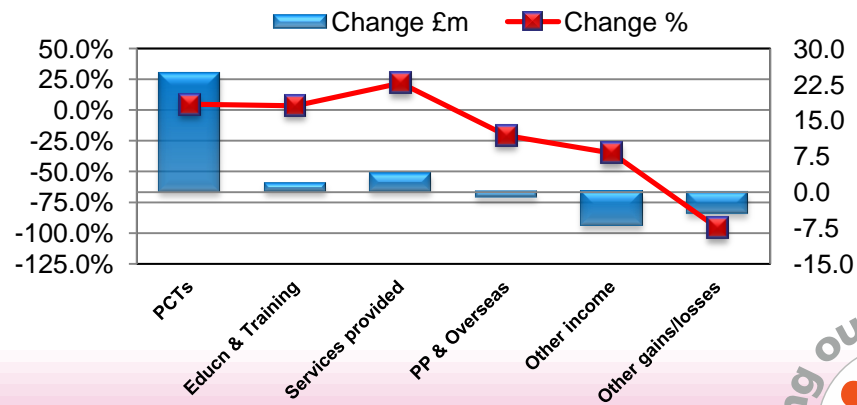




# Where did St George's get its income from?

- 86% of the Trusts income comes from NHS Primary Care Trusts (PCTs) or Specialist Commissioning organisations acting on behalf of PCTs
- Growth in revenue between 12/13 and 11/12 was £17.6m or 2.8%
- The biggest % growth was in services to other organisations.
- Reduction in PP income due to capacity constraints
- No major asset disposals so 95% reduction in other gains & losses. Less non recurrent one off gains included in the position

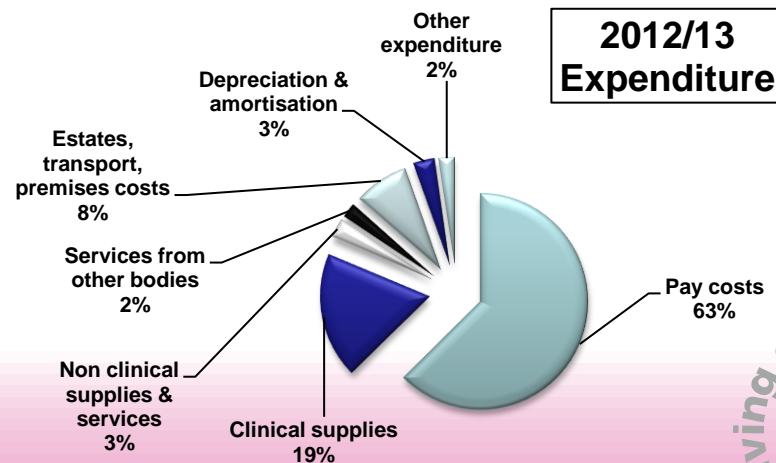
Source	2012/13 £m	2011/12 £m	Change £m	Change %
Primary Care Trusts	550.3	525.5	24.8	4.7%
Education, Training & Research	53.7	51.9	1.8	3.5%
Services to other organisations	21.1	17.3	3.8	22.0%
Private & Overseas patients	4.6	5.8	-1.2	-20.7%
Other income	13.0	20.0	-7.0	-35.0%
Other gains & losses	0.2	4.8	-4.6	-95.8%
<b>Total income</b>	<b>642.9</b>	<b>625.3</b>	<b>17.6</b>	<b>2.8%</b>



# What did we spend this money on?

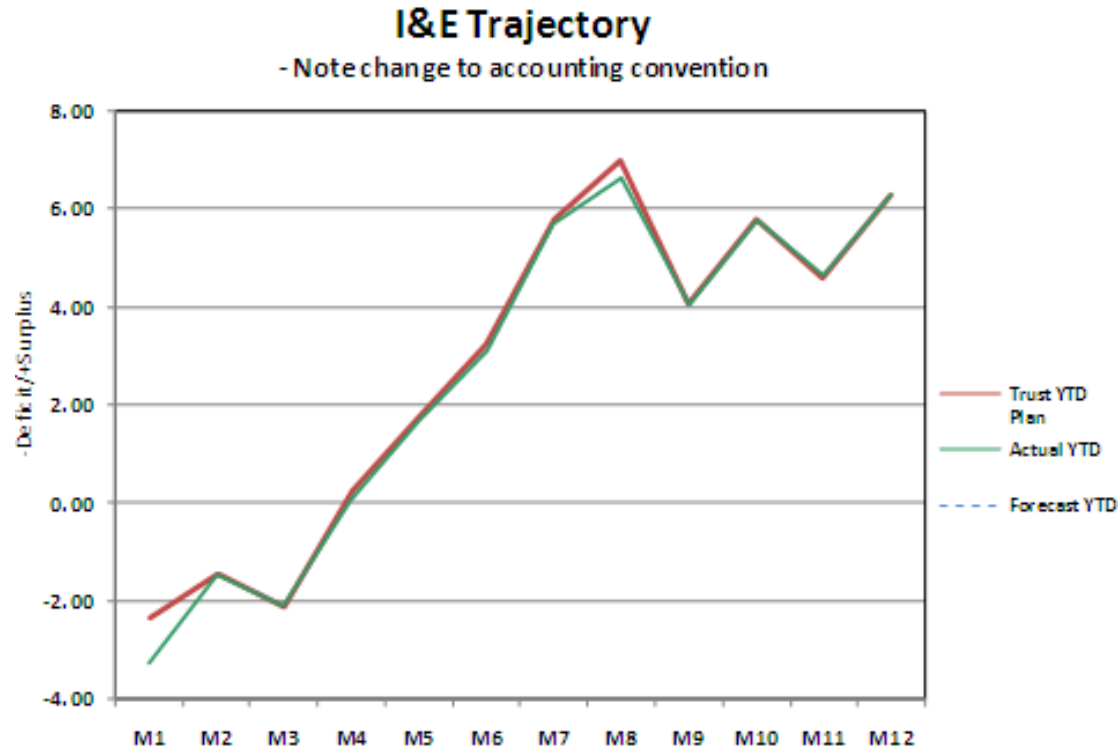
- 63% of the Trusts expenditure is on pay costs. The Trust did well to restrict growth in pay costs to 1% despite delivering more activity. This was helped by NHS pay restraint policies
- Increasing activity did lead to pressure on clinical supplies expenditure which rose by 5.9%.
- During 2012/13 the Trust delivered a cost savings programme of £37m against a target of £37.2m or 5.9% of expenses
- The Trust generated a surplus of £6.3m on income & expenditure for 2012/13

Source	2012/13 £m	2011/12 £m	Change £m	Change %
Pay costs	393.6	389.7	3.9	1.0%
Clinical supplies	117.6	111.0	6.6	5.9%
Non clinical supplies & services	18.1	17.4	0.7	4.1%
Services from other bodies	13.9	11.8	2.1	18.1%
Estates, transport, premises costs	51.7	46.1	5.6	12.2%
Depreciation & amortisation	19.8	20.2	-0.4	-1.9%
Other expenditure	13.8	12.8	1.0	7.8%
<b>Total expenses</b>	<b>628.5</b>	<b>609.0</b>	<b>19.5</b>	<b>3.2%</b>



# Net income and expenditure position

- The Trust agreed a plan with NHS London to deliver a surplus of £6.25m
- The net income and expenditure position fluctuates each month driven mainly by volatility in the reported income as a large proportion of Trust income is paid in line with volumes of activity. Some months are therefore “busier” than others
- As the chart shows the Trust broadly stuck to the agreed monthly plan and met the year end target
- The Trust ended the year with a surplus of £6.29m compared to the plan of £6.25m.



# How were capital funds invested?





- The Trust balances its capital investment priorities between service developments and changes such as the Urgent Care Centre, Paediatric Outpatients project and Helipad schemes and replacement of medical equipment, IM&T and infrastructure renewal
- During 2012/13 the Trust adopted a new Capital Investment Framework which makes the prioritisation of the different elements of potential capital spend more explicit and transparent
- The Trust funds its capital investment programme from retained depreciation (funded through commissioned income), any retained surplus on Income & Expenditure and asset disposal proceeds
- \*\* Includes new equipment procured under leases – the Trust supplements capital funding with leasing where it represents best value

Source	2012/13 £m	% Total
Information technology	7.3	42.0%
Medical equipment **	4.5	25.9%
Infrastructure renewal	2.3	13.2%
UCC/Paeds OPD/Clin Dec Unit	0.8	4.6%
Theatre stock store & mgt	0.3	1.7%
A&E accommodation	0.3	1.7%
Helipad	0.2	1.1%
Other capital investment	1.7	9.8%
<b>Total capital expenditure</b>	<b>17.4</b>	<b>100.0%</b>



# How is our financial performance measured?

There are four key financial targets that have to be achieved:

- **External Financing Limit:** utilise no more than £10.9m cash   
12/13 actual performance cash utilised: £3.4m
- **Capital Resource Limit:** must not spend more than £25.6m   
The Trust spent £16.6m on capital (excl. assets funded by disposals and grants)  
The capital under spend has been carried forward for use in 2013/14.
- **The break-even duty:** the Trust is required at least balance I&E   
The Trust delivered a £6.3m surplus
- **Return on Assets Employed:** 3.5% return on capital assets   
Achieved a Return on Assets of 3.5%



# How is our financial performance measured?

The Trust is also given a Financial Risk Rating which measures overall financial health and is consistent with Monitors framework for Foundation Trusts (FTs)

## Financial Risk Rating (FFR)

- The overall Financial Risk Rating for all Trusts is calculated from 5 elements which are weighted differently reflecting their relative important and then an average rating is applied
- A trust can only become an FT if it can achieve an FRR of 3
- The Trust's ratings are:

	2008/09	2009/10	2010/11	2011/12	2012/13
Weighted score	2.7	3.6	2.4*	2.9	3.2
Rating	2	3	2	3	3

\* Including the income and expenditure of Community Services for the 6 months April-Sept 2011 prior to integration reduced the FRR weighted score from 2.6 to 2.4.



# Annual Accounts process 2012/13

The timetable for Annual Accounts is subject to tight deadlines:

- Full set of *draft* accounts for year ended 31 March 2013 submitted to DH 22/04/13 (16 working days)
- External audit undertaken by Audit Commission April-May 2013
- Audit Commission issued unqualified opinion and Board signed off Accounts on 05/06/13
- Finance department commended on quality of their work



# Still more to do in 2013/14

- 2013/14 I&E target is £6.7m surplus.
- Need to achieve challenging efficiency targets, sustain growth in demand – use new technologies and ways of working to deliver more healthcare *and* reduce costs.
- Also need to cope with major commissioning changes (NHS reforms effective from 1st April)
- Total financial challenge of approx £37.1m
- This challenge is requiring significant changes in the way we do things
- **This is a very important year for St George's as we make our application to become a Foundation Trust**





# From here to maternity....!

- I am delighted to introduce colleagues from maternity to tell you about their journey
- Thank you



# Maternity services



# Why women choose St George's



- We offer obstetric and midwifery led care covering a comprehensive range of services from the most complex high risk to home birth
- Our teams work together to actively promote normality
- Our specialist services include maternal medicine, diabetes, twins, mental health, domestic violence & substance misuse, teenagers, bariatric, cardiac
- Fetal Medicine Unit: Regional referral for specialist services – twins, cardiac and other congenital anomalies, fetal laser surgery
- Level 3 Neonatal Unit: Regional referral for intensive care and surgical babies



# The dark days....



## What we did.....



- Board level support
- Investment in the workforce
- Raise the profile
- Listened to women
- Acted on complaints and serious incidents
- Engagement of the workforce
- Addressed poor behaviour and attitude
- Increased training
- Multidisciplinary skills and drills
- Building our teams
- Promote and support leadership



# And now...



## Service Improvement Projects

- Careful programme
- Midwifery Futures
- Listening in Action
- Trust improvement programme
- Lessons learnt and actions taken

## CQUIN funding to support workforce

- 1:27 midwifery ratio
- Supernumerary coordinator on labour ward
- Increased consultant presence on labour ward





# Leading to improvement in...



- Patient experience
- Patient safety
- Patient outcomes
  
- Staff engagement
- Recruitment
- Retention



# Outcome measures

Outcome measure	2012	2010	2008
Women giving birth	5128	5328	4975
Carmen suite	13.6%	13.7%	9.0%
Normal birth	61.1%	59.7%	61.6%
Caesarean section	23.1%	24.3%	24.2%
Stillbirths all / term	22 / 3	39 / 15	40 / 14
HIE grade 2/3	6	15	
Midwifery ratio	1:27	1:33	1:35
Consultant Hours	86	85	60
Serious incidents	23	79	9





# Safety and quality improvements

Significant improvements to both patient safety and the quality of service on the maternity unit over the last year.

- Women are less likely to have a caesarean at St George's Hospital than any other hospital in London.
- We have one of the lowest emergency caesarean section rates in London.
- Capping: 200 less deliveries in 2012 than in 2011, which has helped to ensure that women get the attention they need throughout pregnancy, birth and in the immediate postnatal period
- The lowest hypoxic ischaemic encephalopathy (HIE) rates in the UK
- The number of stillbirths at the unit has more than halved
- The number of serious incidents in maternity services has more than halved



# Patient experience

- Series of Picker surveys
- Targeted key areas for improvement – inpatient postnatal care, breastfeeding support, staff attitude & behaviour
- Quality improvement programme with the Picker Institute
- Marked improvement in 14 areas (11 out of 14 postnatal)
- Continued and timely feedback from patients: complaint actions, postcard feedback system
- Notable improvement in women reporting that they are treated with kindness and understanding, dignity and respect



# Patient experience



## Postnatal Service Improvement

- Facility for partners to stay overnight.
- Working party addressing key issues of care, hospitality and communication
- HCA role is being revised and a small working party will be leading on taking this forward – focus on hospitality and integrated team work.
- DVD produced for 'going home' information to ensure consistency
- Ongoing work ongoing in terms of breastfeeding and working towards achieving Baby Friendly Level 3 later in the year – clear antenatal & Postnatal discussion checklists, antenatal feeding classes, and information on feeding will be incorporated into the DVD.



# Patient experience



## Improved patient care and communication

- Themes from complaints are a standing agenda item at maternity risk, labour ward forum, postnatal forum.
- Implementation of action learning sets
- Careful philosophy of 'talking up' and 'don't take your troubles home' will be met using the postcards feedback system.
- All staff identified in a complaint, either formal or verbal are met with and a database maintained
- Updated patient information leaflets





# Patient experience

## Senior Midwife Leadership

A leadership package has been produced in line with IPR framework, RCM Midwifery competencies and the trust leadership framework.

Senior staff will undertake leadership rounds – specifically aimed at engaging with staff to find out what is going well for them, and identify barriers to performing well.



# Our achievements

## **Awarded Baby Friendly Initiative stage two accreditation by UNICEF in January 2013**

Recognition of commitment to the promotion of breastfeeding and support for mothers and the well being of our families.

## **Achievement of level three for Clinical Negligence Scheme for Trusts (CNST)**

This demonstrates that we met the rigorous standards for the effective management of risk.

## **Maternal Request Caesarean Section**

Pathway introduced, information for women produced and 'birth talks' midwifery service implemented in line with NICE guidance.



# Research studies

- FOLIC ACID TRIAL
- PELICAN – suspected small for gestational age
- UPBEAT – dietary and lifestyle intervention for BMI >30
- RAPID – Non invasive testing for chromosomal abnormalities
- BUMPES - Positioning in passive second stage with epidural
- PREP – for pre-eclampsia
- OPPTIMUM – progesterone treatment for shortening of the cervix
- EMPIRE – seizures in epileptic women





# Sustainability

- Projects
- Women's and Children's hospital
- Continue to 'hear the voice of women', networking and fostering good relationships with service users
- Sharing learning across the UK and abroad
- Maternity network
- Developing world class specialist services: fetal monitoring, maternal and fetal medicine, high risk pregnancy care
- Promoting normal birth and women's choices
- Fit for the future: Caesarean section pathway, counseling, perinatal mental health, increasingly diverse population



# Great expectations....

*I have felt completely cared for and cossetted.... I entered the Carmen Suite on 13 June. The very welcoming, capable and reassuring Ellie Cowling offered me the chance to stay in the suite. **She was sensational.***

*When she went off shift Marzena Wroblewska took care of me. I still feel very emotional thinking about her now showing me into the suite and running the pool. **She cared for me as if I were an old friend. I was incredibly anxious and she made me feel like a superwoman.** I will never forget those few hours when the intensity increased and it all became very real.*

*When she went off shift we met with Maria Curtis. **I couldn't believe my luck. Three sensational midwives back to back... how did I get so lucky.** Maria was incredible. She was supportive, instructive, sensitive, reassuring... every emotion that I felt was met with her understanding. At times I was really having some self doubt and she rallied and kept my husband and I focused. Not only did she deliver our son she also had to deal with some real grit during and after. She delivered a very stubborn placenta and had an inspired idea to release it an hour in saving me from surgery. She also pieced me back together. It seemed that she really could do anything!*

*That evening I stayed in St Georges on a beautiful ward. Every member of staff I met was exceptional. I couldn't believe I wasn't in some private wing ... I doubt Kate and Wills will get a better day than I did. Ellie arrived back on the ward that night and helped me feed Gabriel. She was instrumental in he and I now having a very successful feeding relationship.*

*I am completely high from the experience and **want to shout from the rooftops how amazing St George's were.** I truly cannot thank you enough for making my last birth as memorable (for all the right reasons) as you did.*

**Thank you for listening.  
Over to Hannah....**



**Over to you...**

**Questions and answers**

