

REPORT TO THE TRUST BOARD: MARCH 2014

Paper Title:	Risk and Compliance Report
Sponsoring Director:	Peter Jenkinson Director of Corporate Affairs
Author:	Gurbachan Johal Assurance Manager
Purpose:	To update the Board on compliance related issues/risks and related developments occurring across the Trust and provide assurance about the management of risk.
Action required by the board:	For information and discussion as required
Document previously considered by:	Quality and Risk Committee
Executive summary	
Key messages	
<ul style="list-style-type: none"> • The significant risks on the Board Assurance Framework are presented following review at Executive Management Committee and Quality and Risk Committee • An overview of any external inspections/assurances that the Trust has received in the reporting period. 	
Recommendation	
The Board is asked to note:	
<ul style="list-style-type: none"> • Approve the updated CQC Statement of Purpose to reflect new pathology arrangements for under the South West London Pathology Services consortium. • The updated analysis of the Intelligent Monitoring Report and the reduced number of risks identified by CQC for St. Georges Healthcare NHS Trust. 	
Risks	
<i>The most significant risks on the Board Assurance Framework are detailed in the report</i>	

1. Risks - Board Assurance Framework (BAF):

This report identifies the extreme risks on the BAF, new and closed risks during the reporting period and significant changes made following regular review at Executive Management Team. Table 1 details the highest rated risks on the BAF, the risk score for one risk has reduced and one has increased. Details of these risks are included at Appendix 1:

Table one: highest rated risks

Ref	Description	C	L	Rating (prev)
A534	Failure to provide adequate supporting evidence for all the CQC Essential standards of Quality and Safety	5	3	15
A602	Pressures on internal capacity may result in the Trust being unable to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20
3.2-05	The Trust does not deliver its cost reduction programme objectives	5	3	15
A509-O8:	Trust unable to achieve readiness for FT status by planned authorisation date as per agreed TFA	5	3	15
A513	Failure to achieve the National HCAI targets	4	4	16
3.9-05	3.9-05 Impact of Better Care Fund on Financial position of the trust.	5	4 (3)	20 (15)

1.1 Closed Risks

There have been no risks closed during the reporting period.

1.2 New Risks

There have been two new risks included on the BAF during the reporting and review period as detailed in Table two:

Table two: New risks

Domain	Risk
Patient Safety	Risk to patient safety as patients waiting greater than 18 weeks on elective waiting list for cardiothoracic surgery.
Patient Safety	Patients may not be effectively monitored due to the telemetry system within cardiology wards being in need of urgent replacement.

In addition to the above, following review by the Executive Management Team and the Trust Audit Committee, two further risks are proposed for inclusion on the BAF:

- CIP planning gap for 2014/15
- Estates and facilities compliance with regulatory requirements following the outcome of an internal audit.

1.3 BAF & Risk Register – Internal Audit

In February, an internal audit was undertaken to provide assurance in respect of the following:

- There is a documented risk management policy which sets out the risk management framework;
- Key risks, controls and assurances are detailed in the BAF, and risk mitigation action to ensure risk is within the Trust's risk appetite is regularly reviewed by an appropriate Committee(s); and
- Robust Risk Registers are maintained and reviewed at Divisional Level and/or by an appropriate Committee(s)

The final report has been considered at the Trust Audit Committee in March and an overall reasonable level of assurance was determined. Recommendations for actions are included within the final report.

2. Assurance Map

The Trust Assurance Map is a schedule of all external visits, inspections and reporting which captures on-going actions in response to external reviews and those underway to prepare for forthcoming visits. The assurances received from these external inspections help inform the Committee as to continued compliance with regulatory requirements including Care Quality Commission Essential Standards of Quality and Safety. The following section provides a summary of all external visits and inspections during the reporting period.

2.1 Care Quality Commission (CQC)

2.1.1 CQC Inspection February 2014

The CQC conducted its planned inspection during the week 10th – 14th February and the out of hours visit on the 21st February 2014. The inspection focused on the full spectrum of St. Georges services (Acute and Community). Wards and locations across the service were inspected and Executive and Non-Executive Directors were interviewed by the CQC. The CQC also ran a series of focus groups targeting a broad selection of staff groups (including: Consultants and Junior Doctors, Senior and Junior Nursing Staff, Midwives, Allied Health Professionals and Admin and Clerical Staff). Our inspection by the CQC formed part of their second wave of inspection under the new methodology. The CQC had a very visible presence throughout the week of the inspection and there were a large number of CQC teams involved in conducting the inspection. Throughout the duration of the inspection, the CQC corroborated any findings identified through their visits to wards and the community with further information requests..

The Trust will receive a detailed report as part of the quality summit, which is scheduled for 22 April 2014. The Trust has ten days thereafter to respond to the CQC with any concerns regarding the report and findings.

2.1.2 CQC Statement of Purpose

St. Georges will officially become the host Trust of South West London Pathology Services on 1st April 2014. Briefly, this is a consortium comprised of St. Georges, Kingston and Croydon Trusts providing pathology services in South West London. As part of this process the Trust is required to inform the CQC of these changes through an update to the Statement of Purpose to reflect this new arrangement. The updated Statement of Purpose is provided at Appendix 2. The Board is asked to approve the amendment to the statement of purpose reflecting the changes in light of the new South West London Pathology service. The statement of purpose will be subject to a much more detailed revision thereafter and will be presented to Board upon completion.

2.1.3 Divisional CQC assessment and declarations of compliance

Throughout quarter three, divisions undertook self-assessments of compliance across all wards and areas, using a standardised audit tool. These assessments inform a divisional declaration of compliance with the CQC standards. The divisional declarations were agreed at the Divisional Governance Board in January 2014 and are a quarterly requirement of all divisions going forward. A summary of key issues identified is provided in table three below:

Table three: Divisional self-assessment against CQC outcomes

Division	CQC Standards Self-Assessment Rating	Summary of issues identified against CQC Outcomes
Children's, Women's, Diagnostics, Therapeutics and Critical Care	A	<p>Outcome 10 (Safety and Suitability of Premises): Space and storage were noted as a general theme, space between cots was noted in NNU and there were ceiling leaks in NNU and Maternity.</p> <p>Outcome 13 (Staffing): NNU are not currently meeting BAPM standards. There is difficulty in recruiting in NNU and Paediatrics. Presently temporary staffing issued when available. High sickness on Freddie Hewitt; planned retirements. Risk assessment being prepared.</p> <p>Outcome 21 (Records); Not all records in lockable rooms, but near staff central station</p>
Medicine and Cardiovascular	A	<p>Outcome 8 (Cleanliness and Infection Control): Higher than average SSIs in cardiac. MRSA bacteraemia on Amyand, MSSA on Allingham. C Diff infections TH & Buckland. Reactivation of Hep B in renal. Action plans in place.</p> <p>Outcome 21 (Records): Not all areas completing quarterly healthcare records audit. Improvement needed in quality of nursing and medical documentation and completion of charts and risk assessments. Missing records from ED because of inadequate storage. Low numbers of staff have completed Information governance training. Action plan in place.</p>
Community Services	A	<p>Outcome 8 (Cleanliness and Infection Control) Infection control and cleanliness of community clinics and QMH.</p> <p>Outcome 9 (Management of Medicines): Repeated incident reporting re: medicines management (prescribing, administrating and dispensing) in OHC. NMP activity not all on RJ7 code so not able to monitor and audit practice.</p> <p>Outcome 10 (Suitability of Premises): St Johns Day Hospital does not maximise patient experience and safe patient practice. Effective use of space compromised by multi providers.</p> <p>Outcome 13 (Staffing): MSW, OHC, ICT and respiratory specialist nursing vacancies. Safe staffing and workload ratios not defined. No formal reporting/safe staffing alerts for staff groups.</p> <p>Outcome 21 (Records): Healthcare records not audited in more than 18 months. No formal assurance of compliance of best practice. Evidence on mock CQC inspections that some services do not comply with ESQ. Medical healthcare records and VTE audits demonstrate inconsistency of record keeping practice.</p> <p>There are action plans in place to address these deficiencies.</p>
Surgery, Theatres, Neurosciences and Cancer	A	<p>Outcome 2 (Consent to care and treatment): Non-compliance with consent policy./ audit results WHO – Neurosurgery / Associated Serious Incident</p> <p>Outcome 6 (Cooperating with other providers): Issues surrounding - Discharge planning/patient involvement discharge summary quality/completion-impact of</p> <p>Outcome 9 (Medicines Management): Issues surrounding - Timely prescribing of drug charts/safe</p>

	storage/fridges. Compliance pharmacy audit/legibility of drug charts Outcome 21 (Records) Missing notes /general quality health records Health records audit results legibility/ICP completion
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2.2 Summary of external assurance and third party inspections Jan - Feb 2014

2.2.1 Environment Agency

The Trust was inspected by the Environment Agency in January 2014. The inspects the safety of working environments and the Trusts compliance with radioactive materials permits and Environmental Permitting Regulations (EPR 2010). The Trust received one non-conformity and six recommendations as part of this report and has developed an action plan to address these issues.

2.2.2 Major Trauma Peer Review

Up until April 2013 The Trust was subject to a quarterly performance review by the London Trauma Office (LTO) which informed the LTO decision to provide the Trust with it's premium payment for being a major trauma centre. The Trust was compliant at every review the LTO conducted. This arrangement has now been superseded by a bi-annual National Peer Review. The Trust received it's first National Peer Review and subsequently, its draft report in early March 2014. No major concerns were noted as part of the National Peer Review.

2.3 Pending inspections – March 2014

2.3.1 G4S – UKAS Quality Management Certification (9001)

The United Kingdom Accreditation Service (UKAS) will be auditing G4S' capacity to deliver patient transport services that conform to nationally recognised standards and the Trust's own policy objectives. This is scheduled to occur in March 2014. The G4S Quality Standards Manager has provided assurance that they are well-prepared for this accreditation.

2.4 External Assurance - conclusion

The Trust continues to progress with the monitoring and compliance of actions arising out of external inspections. The Trust was inspected by the CQC in February. A formal report will be provided to the Trust by CQC in April and this will outline detailed findings and any recommendations.

3 Intelligent Monitoring Report

The CQC introduced the intelligent monitoring report in October 2013, which replaced the previous system of monthly Quality Risk Profile reports. As part of the new reports, each NHS Trust is allocated a banding based on the level of risk identified from the CQC's analysis of data. St. Georges was placed in band 6 (the lowest risk band possible) after release of the initial intelligent monitoring report in October 2013. The initial report highlighted three risk areas for the Trust (table four below):

Table four: identified risks – October 2013

Level of Risk	Indicator	Observed	Expected	Description of data & source	Assurance
Risk	Incidence of MRSA	10	3.59	Count of MRSA Bacteraemia during the period: Aug 2012 to Jul 2013 . (Numerator - total person bed days). Data Source: Public health England	YTD data demonstrates a continually improving trajectory in relation to HCAI infections.
Risk	Potential under reporting	0.4	1.49	Count of severe harm or death incidents: July 2012 – June 2013 . (Numerator	The Trust's process for identifying, considering and declaring potential

	of patient safety incidents resulting in death or severe harm			- total person bed days). Data Source NRLS	incidents in this category has been externally validated by the CCG and is found to be robust. The Trust has high levels of reporting which is indicative of a positive safety culture.
Elevated Risk	Whistle-blowing	9 (One or above = elevated risk)	0	High level details of 9 whistleblowing alerts have now been received. Some alerts are generic in their terminology making it difficult to ascertain specific services/areas.	Where identifiable, all issues highlighted through alerts have been fed back to relevant Trust leads and have been incorporated into programme of preparedness for CQC re-inspection.

The Trust has received a further intelligent monitoring report during the period (18 February and 13 March) confirming that the risks highlighted in table four been removed. As at 13 March 2014, the CQC intelligent Monitoring report highlights two new risk areas for St. Georges as follows:

Table five: identified risks – March 2014

Level of Risk	Indicator	Observed	Expected	Description of data & source	Assurance
Risk	Never Events	2	0	Incidences of never Events. Source: STEISNE (Serious Incident Learning and Reporting Framework).	All never events are investigated in line with national requirements and are presented to the Quality and Risk Committee. These are also subject to overview and scrutiny by the CCG.
Risk	Potential under reporting of staff health and safety training.	64%	75%	Percentage of staff having received health and safety training in the last twelve months. Source: NHS Staff Survey.	The Trust's mandatory and Statutory Training figures as at 07 March 2014 confirm that 90% of Trust staff have received health and safety training.

Conclusion

In conclusion, the decrease in risks highlighted in the CQC intelligent monitoring report in conjunction with other external assurances, provides a significant level of assurance around the Trust's compliance with regulatory requirements. There are also detailed action plans in place to address any concerns identified, as appropriate.

4 Board Governance statements for self-certification

This section of the report sets out the quarterly Board Governance Statement required by Monitor as set out in the document Applying for NHS Foundation Trusts Status: A Guide for Applicants (April 2013).

Detailed assurances were considered when agreeing the Trust's self-certification at Trust Board in November 2013. There has been no material change in the assurances underpinning each statement and the reporting position remains unchanged. Where a risk remains the rationale is provided. The statements of compliance are correct as at March 2014.

The Board is asked to consider each statement detailed in table five and confirm whether they agree with the proposed self-certification, or require any revisions to be made prior to submission to the NTDA.

A detailed review will be undertaken at Trust Board in May 2014 and biannually thereafter.

Table six: Board Governance Statements for self-certification

1	The board is satisfied that plans in place are sufficient to ensure on-going compliance with the Care Quality Commission's registration requirements.	YES
2	The board is satisfied that processes and procedures are in place to ensure all healthcare professionals providing care on behalf of the trust have met the relevant registration and revalidation requirements.	YES
3	Issues and concerns raised by external audit and external assessment groups (including reports for the NHS Litigation Authority assessments have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner.	YES
4	All recommendations to the Board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned.	YES
5	The necessary planning, performance management and risk management processes are in place to deliver the integrated business plan, including but not restricted to: a) obtaining and disseminating accurate, comprehensive, timely and up-to-date information for board and committee decision-making; b) the timely and effective scrutiny and oversight by the board of the trust's operations; c) effective financial decision-making, management and control; and d) taking appropriate account of quality of care considerations.	YES
6	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	YES
7	The board is satisfied that plans in place are sufficient to ensure: on-going compliance with all existing targets (after the application of thresholds) as set out in appendix B of Monitor's Compliance Framework; and all known targets going forwards.	RISK

	<p>Updated assurance/rationale:</p> <p>MRSA: The Trust has had 6 cases of MRSA to date. The Monitor Compliance Framework 2013-14 confirms the Monitor annual de minimis limit for cases of MRSA as 6. The Trust is now on the limit of threshold but has not yet exceeded it.</p> <p>C-Diff: The Trust has had 28 C-diff cases to date against a YTD trajectory of 39, making the trust compliant for this measure.</p> <p>Cancer:- The Trust was compliant against the 62 Day target in January with 86.2% of patients seen against a target of 85%. A consecutive 2nd month of improvement which continues to be challenging to maintain. The year to date position is 83.5%. All other cancer targets are being met.</p> <p>ED Performance:- Performance for the month of February has been challenging with 91.3% of seen within 4hours, for both Type 1 and Type 3 performance and 90.2% for Type 1 only. Q4 to date performance stands at 93.4% for all Types and 92.4% for Type 1 only.</p> <p>The Trust is on YTD trajectory for all other compliance framework requirements.</p>	
8	The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance (IG) Toolkit.	YES
9	The board has in place a register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans to ensure any Board vacancies are filled.	YES
10	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	YES
11	The selection process and training programmes in place ensure that non-executive directors have appropriate experience and skills.	YES
12	The management team has the capability and experience necessary to deliver the integrated business plan	YES
13	<p>The management structure in place is adequate to deliver the integrated business plan, including but not restricted to:</p> <ul style="list-style-type: none"> a) Effective board and committee structures b) Clear responsibilities for the board, for committees to the board and for staff reporting to the board and those committees c) Clear reporting lines and accountabilities throughout its organisation 	YES
14	The Board has considered all likely future risks to compliance with the NHS Provider Licence and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach of conditions occurring and the plans for mitigation of these risks to ensure continued compliance.	YES

Signed for and on behalf of the Board:

Title: **Christopher Smallwood, Chairman**

Date: 27th March 2014

Trust: St. George's Healthcare NHS Trust

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Appendix 1

Principal Risk	A534-O7:Failure to demonstrate full compliance with the CQC Essential Standards of Quality and Safety				
Description	Lack of a sufficiently robust approach to self-assessment and subsequent actions to ensure compliance may lead to a CQC inspection finding of non-compliance. Improvement and/or enforcement action imposed by the CQC with associated reputational risk and risk to the FT application Ref BAF Risk A509. Ultimate risk of loss of licence to operate certain services.				
Domain	3. Regulation & Compliance			Strategic Objective	3.1 Maintain compliance with all statutory and regulatory requirements
	Original	Current	Update	Exec Sponsor	Peter Jenkinson
Consequence	5	5	5	Date opened	31/10/2010
Likelihood	3	3	3	Date closed	
Score	15	15	15		
Controls & Mitigating Actions	<p>Controls: Quality inspections launched October 2013 with reporting via divisional management and EMT Corporate and Divisional action plans completed with on-going monitoring through divisional governance boards, Patient Safety Committee and QRC.</p> <p>Programme of staff for a completed to support wider understanding of issues around compliance.</p> <p>Quality surveillance data monitored and appropriate action ensured in response - reported as part of overall CQC compliance monitoring update to Trust Board via Risk and Compliance Report.</p> <p>Divisions now required to sign off quarterly self-certification statements re compliance with CQC standards.</p>			Assurance	<p>Negative: CQC unannounced inspection Jan 2013: 6 out of 8 standards non-compliant with three standards deemed to have moderate impact upon people who use services and three minor. Internal audit report identified gaps in the current evidence collation at divisional level.</p> <p>Positive: Final report from August inspection shows significant improvement from January inspection – compliance in 5 out of 8 standards and minor impact in other three standards.</p> <p>Publication of CQC assessment of trusts into risk 'bands' (October 2013), based on quality surveillance data puts trust into band 6 (lowest risk).</p>

	<p>Mitigation: Internal and external stakeholder management to highlight excellence in patient safety and clinical effectiveness – clinical outcomes.</p>		
<p>Gaps in controls</p>	<p>Monitoring and testing compliance in practice is not embedded – schedule of quality inspections now launched as business as usual, supported by divisional self-assessment Compliance framework to be published March 2014, to include process for divisional self-certification. Gaps in staff understanding of CQC compliance agenda – staff briefings to continue.</p>	<p>Gaps in assurance</p>	<p>The Trust is in wave two of CIH inspections so next inspection - inspection completed 14 February, report expected to be published 22 April.</p>
<p>Actions next period:</p>	<p>Compliance framework to be finalised and published March 2014 Project to commence encompassing further training and support from Corporate team to ensure HealthAssure CQC module is embedded within divisional practice to support overall compliance agenda.</p>		

Principal Risk	A602.1-O1 Pressures on internal capacity may result in the Trust being unable to meet demands from activity, negatively affecting quality, throughout the year.				
Description	<p>Requirement for high activity volumes in some specialities. Potential for commissioner challenges and financial penalties There is an unlimited demand on A&E which will may impact on increase in emergency admissions A rise in emergency admissions impacts on capacity for elective admissions, time that theatres are not in use and 28 day rebook timeframes. Variable demand may impact on patient pathways and negatively affect patient safety. Delayed transfer of care and repatriation patient delays to host hospitals block beds for emergency/elective activity. Winter pressures relating to Flu, diarrhoea & vomiting symptoms increase demand on side rooms and closure of beds. There are reduced numbers of discharges at weekends and on bank holidays causing capacity problems on the next working day/s Pressure on bed capacity and failure to meet operational targets both emergency and elective Use of bank/agency staff to staff escalation areas Loss of Trust income due to elective cancellations Adverse reputation</p>				
Domain	1. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Update	Exec Sponsor	Miles Scott
Consequence	5	5	5	Date opened	01/11/2012
Likelihood	4	4	4	Date closed	
Score	20	20	20		
Controls & Mitigating Actions	<p>Controls: Implementation of several schemes to address capacity, encompassing:</p> <ul style="list-style-type: none"> - Surgical assessment Unit - Grey & Vernon wards - Critical Care - Cardiology <p>Schemes to address capacity issues submitted to NHSE & NTDA.</p> <p>Additional work-streams implemented, assisted by ECIST review recommendations:</p> <ul style="list-style-type: none"> • Bed management review 			Assurance	<p>Internally funded winter plan & externally pursuing with commissioners.</p> <p>Programme of applications for additional winter funding</p> <p>Participation in Urgent Care Board</p> <p>ECIST review (September 2013)</p>

	<ul style="list-style-type: none"> • ECIST toolkit on internal waits • Opportunities for managing patients elsewhere • 7 day consultant cover • Management of frailty <p>Mitigations:</p> <ul style="list-style-type: none"> • Seek additional external capacity • Cap demand for services 		
Gaps in controls	<p>The summer period saw a higher level of activity than predicted, and this resulted in bed pressures that exceeded those in the winter.</p> <p>Revised the capacity modeling completed Sep 13 shows the trust is at risk of a difficult winter, even after the additional capacity we have planned has been put in place.</p>	Gaps in assurance	
Actions next period:	<ul style="list-style-type: none"> • Initiating capacity planning for 14/15 		

Principal Risk	A509-O8: Trust unable to achieve readiness for FT status by planned authorisation date as per agreed NTDA Accountability Framework				
Description	External economic environment. Failure to achieve performance targets. Inability to demonstrate implementation of robust quality governance processes in particular CQC compliance. Lack of commissioner support. Lack of support from NTDA for current timescale due to financial performance, including CIPs. Trust's reputation is adversely impacted. Future status of Trust in doubt if FT status is not achieved by 2014				
Domain	3. Regulation & Compliance			Strategic Objective	3.1 Maintain compliance with all statutory and regulatory requirements
	Original	Current	Update	Exec Sponsor	Peter Jenkinson
Consequence	5	5	5	Date opened	31/10/2010
Likelihood	3	4	4	Date closed	
Score	15	20	20		
Controls & Mitigating Actions	Close monitoring of external economic environment and adaptation of strategy/approach accordingly. CIP/Finance controls as per finance risks. Clear action plan and performance management milestones in achieving Foundation Trust Status & risks managed at programme level. Capacity Risk Management. QGAF assessment and BGAF assessment completed. Trust submissions to TDA completed by 2 January 2014 as per agreed timescale			Assurance	Monthly oversight meeting with TDA covering performance and FT readiness. Reported to Board via CEO report. QGAF assessment score 3.5 confirmed by Deloitte April 2013. IBP checked by TDA & Deloitte (May 2013). Exec to Exec meeting with TDA completed 28-Jan-14, with positive feedback.
Gaps in controls	The board to board with the TDA now agreed for March 2014, due to the new CQC inspection regime and the TDA requirement that all aspirant FTs must go through a new style inspection before going into the Monitor phase.			Gaps in assurance	Board to Board meeting with TDA to be confirmed, 26 March 14
Actions next period:	Continue the implementation of the action plans relating to QGAF, BGAF and HDD. Board to Board with NTDA 26 March 2014 Commence engagement with Monitor re their assessment process				

Principal Risk	A513-O1: Failure to achieve the National HCAI targets for MRSA and C Diff				
Description	The target for MRSA is set at 0 cases (zero tolerance) and 45 case for C. Diff for year 2013/14 The Trust's reputation is adversely affected Foundation Trust application affected Loss of patient & public confidence in the Trust Risk of patient harm				
Domain	1.Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Update	Exec Sponsor	Alison Robertson
Consequence	4	4	4	Date opened	31/05/2010
Likelihood	4	4	4	Date closed	
Score	16	16	16		
Controls & Mitigating Actions	Bi-weekly taskforce meeting and bi-monthly Infection Control Committee meeting Regular reports to the Patient Safety Committee, EMT& Trust Board Infection Control score card used to monitor monthly progress Regular communications sent to support practice and raise awareness to ensure staff adhere strictly to diarrhoea protocol Divisional action plans presented to the taskforce as required Zero Tolerance statement on the Trust intranet Bi-monthly antimicrobial steering group chaired by Medical Director Consultant level information circulated on a regular basis RCA carried out for each infection (MRSA, MSSA & Cdiff) Infection Control Policy in place Weekly line care rounds & C:diff rounds on-going Competence assessment document for taking			Assurance	Overall trajectory has now recovered. (28 reported against threshold 45:end of Feb 2013) CQC Compliance with Outcome 8: Infection Control (Aug 2013) Peer review completed in January 2012. - Feedback is positive. Best practice visit to Southampton in May 2013. MRSA – 6 cases, all investigated via RCA – last two bacteraemia showed poor compliance with line care. Infection control action plans subject to review by internal audit – reasonable insurance. Peer review of infection control nursing team (By Barts& the London Trust) final report agreed with recommendations Further best practice visit undertaken (West Hertfordshire) to

	blood cultures approved		learn more about their approach to surgical site surveillance.
Gaps in controls	BAF risk 01-01 Informatics to support production of real time data	Gaps in assurance	
Actions next period:	<p>Continual revision of infection control action plan (next update March 2014). Increasing number of consultants champions for infection control. Continuing regular cleaning inspections and recurrent themes from inspections circulated Pack for peripheral line insertion in place (to be considered for blood cultures also) Focus on improving decontamination practice services not utilising TSSU – meeting with Trust De-Con lead (HA) Director of E&F (ND) and DIPC (AR). STNC have since purchased more nasendoscopes and further report due to EMT March 2014. Analysis and actions in relation to latest audit of line care.</p>		

Principal Risk	3.9-05 Impact of Better Care Fund on Financial position of the trust. Funding of circa £2M rising up to £20M recurrently removed from the trust income position. With potential impact on financial performance, operational delivery and quality of services as well as the Trust's FT application			
Description	<p>The Better Care Fund (BCF) is a new pooled health and social budget due to be implemented from 2014/15 and rising significantly in value in 2015/16.</p> <p>CCGs will be required to contribute significant health funds to the BCF locally. Initial estimates indicate a financial impact on St. George's of circa £2M in 2014/15 and circa £20M in 2015/16 and recurrently afterwards.</p> <p>Method of implementing BCF still being developed and expected to be a mix of predominantly QIPP type activity reductions and to a lesser extent tariff reductions.</p> <p>If income is reduced without a concomitant reduction in the trust's activity and cost base, the financial impact will severely impact the trust's financial performance and through that, have potential impacts on operational, quality and other elements of trust business.</p> <p>If this risk is realised the BCF has the potential to undermine the trusts FT application, as it may make it impossible for the trust to deliver the required surpluses</p>			
Domain	2. Finance & Operations			Strategic Objective
	Original	Current	Update	2.1 Meet all financial targets
				Exec Sponsor
Consequence	5	5	5	Steve Bolam
				Date opened
Likelihood	3	3	4	31 January 2014
				Date closed
Score	15	15	20	
Controls & Mitigating Actions	<p>Controls Engagement with CCG and local authority partners in south west London to understand and co-operatively plan for the management of the BCF</p> <ol style="list-style-type: none"> Trust is required to be a party to the Better Care Fund submission and plans that are made. That St. George's will work constructively with and through South West London Collaborative Commissioning to influence and mitigate the impact of the BCF on St. George's. <p>Mitigations</p> <ol style="list-style-type: none"> Bring forward of future years CIP plans or current central mitigations in the CIP 			<p>Assurance</p> <p>Negative Guidance and understanding and local interpretation of guidance, and impact finically on local CCG's is unclear</p> <p>Structures to manage and oversee BCF are relatively new and untested</p>

	<p>programme to offset increased loss of income to the trust.</p> <ol style="list-style-type: none"> 2. Where QIPP related projects do not deliver anticipated reduction in inpatient or other activity at St. George's, the trust would anticipate that it will be funded for this over-performance at 100% 3. Substitution of clinical activity lost to BCF related projects from other trusts locally 4. That the trust will benefit through the potential expansion of community delivered services, funded through the BCF. 5. BCF leads to a review of clinical service configuration in south west London which creates opportunities for additional activity to flow to St. George's 		
Gaps in controls		Gaps in assurance	
Actions next period:	<ul style="list-style-type: none"> ▪ Work co-operatively with CCG and Local Authority partners to inform and develop BCF plans locally. 		

Appendix 2 – Update to CQC Statement of Purpose (South West London Pathology)

Care Quality Commission Statement of Purpose

Introduction

St George's Healthcare NHS Trust, one of UK's largest teaching hospitals and is based in the London Borough of Wandsworth in South West London. It is the largest provider of hospital services in the South West sector of London and the largest single site hospital in London.

The aim of this statement of purpose is to outline the services that are provided by St George's (STG) Healthcare NHS Trust and also to outline the vision and strategic objectives for the future.

Services provided by STG

As part of the registration process for the Care Quality Commission (CQC), St George's Healthcare NHS Trust identified providing its regulated activity from the following locations:

- St George's Hospital site in Tooting
- St John's Therapy Centre, Battersea.
- Queen Mary's Hospital
- HMP Wandsworth

Community clinics and services provided by Tooting Walk in Centre previously registered under Community Services Wandsworth are provided by St George's Hospital, Tooting site location.

As of 01 April 2014, St. Georges Healthcare NHS Trust will be the host Trust for South West London Pathology Services, a consortium consisting of St. Georges, Kingston and Croydon Trusts. Under this new arrangement St Georges will additionally provide pathology services at Kingston and Croydon Hospitals.

St George's vision, mission and values

Vision:

By 2015, St George's Healthcare NHS Trust aims to be a thriving Foundation Trust at the heart of an integrated health care system that delivers improved patient care in the community, hospital and specialist settings, supported by a unique and nationally recognised programme of research, education and employee engagement.

Mission

Our mission is to improve the health of our patients and our local community by achieving excellence in clinical care, research, education and employment

Values

Our current services and our future work are based upon a set of **values** that help us guide our work to provide excellent patient care. We have worked with staff from across the organisation and distilled our values into the following four:

- Excellent
- Kind
- Responsible
- Respectful

These values are underpinned by behaviours that we wish to encourage, behaviours we will not accept and behaviours that describe how we will do business. We are ensuring that these values and behaviours are explicitly part of the appraisal process for all staff in the Trust.

Our vision, values and behaviours are congruent with the values within the NHS Constitution which are:

- respect and dignity
- commitment to quality of care
- compassion
- improving lives
- working together for patients
- everyone counts

Aims and Objectives

Aim

To be a thriving Foundation Trust at the heart of an integrated health care system; one that delivers improved patient care in the community, hospital and specialist settings, supported by a unique and nationally recognised programme of research, education and employee engagement.

Our proposed strategic aims for the next five years are:

We will work in partnership with our patients and others to:

- Provide outstanding quality of care
- Become an exemplary employer
- Strengthen education, research and innovation that will benefit our patients
- Build a leading integrated healthcare system

- Deliver robust operational and financial performance
- Continuously improve our facilities and environment

Services provided at present:

St George’s hospital is situated within the South West London borough of Wandsworth, the catchment area of our community services division. Our three acute divisions serve a catchment area covering 33 electoral wards from the boroughs of Wandsworth (15), Merton (14) and Lambeth (4) (Figure 2.1), a population of approximately 400,000. The trust community is characterised by:

- A young age profile
- A highly mobile population that moves into and out of the area frequently
- Relative affluence compared to London as a whole and nationally, although there are pockets of deprivation especially amongst children
- Younger people in the population have healthy lifestyles, while the health status of older population is worse than the national average
- A high incidence of cancer and stroke in the Wandsworth population compared to England
- Low life expectancy compared to England.

Our services are split into three divisions at present:

- Medical and Cardiovascular services
- Surgery, Neuroscience and Cancer services
- Children, Women and Maternity services

From 1 October 2010, services will be split into four divisions to include:

- Community Services (details on page 8)

St Georges’ is an integrated trust providing community services alongside specialist teaching hospital services for secondary and tertiary care. St George’s hospital is a recognised tertiary centre, providing care for the most complex injuries and illnesses. Many specialist services are provided as part of clinical networks, in which we are the specialist hub. We are one of the four trauma centres in London and in 2009 became a designated hyper-acute stroke unit. We were the first Trust in London to provide primary angioplasty services 24 hours a day and we are the only hospital in South West London to provide inpatient paediatrics services

Table 1: An overview of our clinical services at present

Specialist level	Catchment population		Services provided
	Area	Population	

Specialist level	Catchment population		Services provided
	Area	Population	
Community	Wandsworth borough	231k	Children & Families services Adult, specialist and diagnostic services
Secondary	33 wards across Wandsworth, Merton and Lambeth	400k	Older people and neurological rehabilitation services Accident and emergency Acute medical services General surgery Maternity Paediatrics Diagnostics Therapies
Tertiary	South West London & Surrey	>2m	Cancer services Neonatal intensive care Plastic and reconstructive surgery
Supra-regional	SW London, & South East England	2m – 6m	Cardiothoracic medicine and surgery Neurosciences Renal transplant Complex pelvic trauma
National specialist centre	England		Family HIV care Bone marrow transplant

*Community Services Wandsworth will be included as of 1 October 2010 (see page 8)

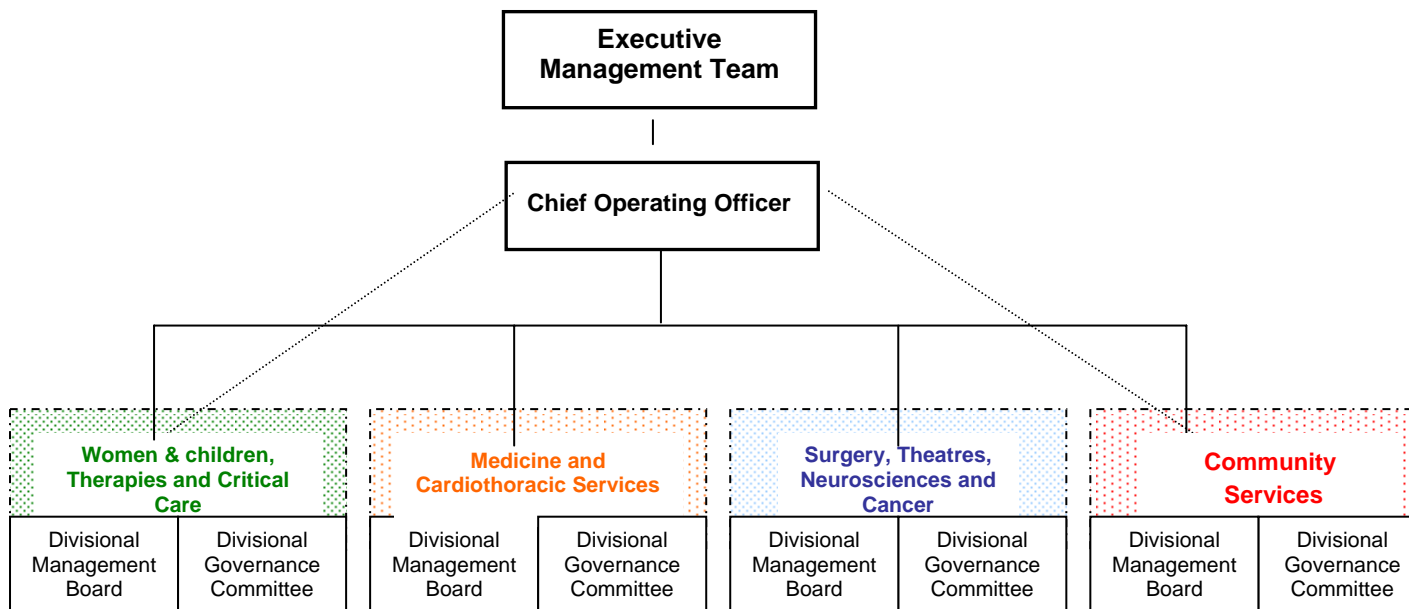
The Divisional Management Structure as from 1 October 2010

The Trust is structured into four clinical divisions, supported by corporate directorates. The divisions are responsible for operating a system of governance that ensures:

- Evidence-based clinical practice is in place and audited
- Accountability for service and financial performance
- Good practice is systematically disseminated

- Effective management of risk
- When adverse incidents and complaints occur they are investigated within the agreed timescales and lessons learnt disseminated and embedded
- Poor clinical practice is identified and dealt with to prevent harm to patients
- Leadership skills are developed within the clinical team and the organisation
- Professional development programmes reflect the principles of clinical governance and support the delivery of the Trust's objectives
- High quality data are collected to monitor clinical care and performance
- Compliance with the Care Quality Commission standards for quality and safety, and other external standards and regulatory requirements.

Figure 1: shows the Divisional management structure



Clinical activity at present:

This section summarises clinical activity at St George's in recent years and the continued growth in demand for our services.

Elective & Non Elective Admissions

Over the period 2005/6 to 2008/9 there has been an upward trend in the number of admissions to St George's. This is forecast to continue into 2009/10 (Figure 2.3). Elective and day-case admissions have remained relatively stable during this period, while there has been continued growth in the number of non-elective admissions with a 5% increase between 2007/08 and 2008/09 and 14% increase between 2005/06 and 2008/09. This reflects both a rise in A&E attendances, over the same period, along with our increased role as a major hub for neurosurgery, complex trauma and hyper acute stroke.

Table 2: Breakdown of services by three Divisions at present

Surgery, Neurosciences, Theatres & Anaesthetic, and Cancer Division	Medicine & Cardiovascular Division	Children & Women's, Diagnostic and Therapeutic Service Division
Surgery and Major Trauma Clinical Directorate 1. Care Groups: <ul style="list-style-type: none"> • Urology • General Surgery • Trauma & Orthopaedics • Plastics • Maxillofacial & Oral Surgery • Dentistry • Audiology and ENT 	Acute Medicine Clinical Directorate Care Groups: <ul style="list-style-type: none"> • Accident & Emergency • Acute Medicine • Geriatric medicine 	Diagnostics Clinical Directorate Care Groups: <ul style="list-style-type: none"> • Breast screening • Radiology • Medical Physics • Cellular pathology • Clinical Blood Sciences • Microbiology • Immunology
2. Neurosciences Clinical Directorate Care Groups: <ul style="list-style-type: none"> • Neurosurgery 	Cardiothoracic & Vascular Services Clinical Directorate Care Groups:	Children and Women Clinical Directorate 3. Care Groups:

<ul style="list-style-type: none"> • Neuroradiology • Neurology & Neurophysiology • Neurorehabilitation/ Stroke 	<ul style="list-style-type: none"> • Cardiology • Cardiothoracic surgery • Vascular Sciences 	<ul style="list-style-type: none"> • Obstetrics • Gynaecology • Fetal medicine • Neonatal • Clinical Genetics • Paediatric Medicine • Paediatric Surgery • PICU
<p>Anaesthetics & Theatres Clinical Directorate</p> <p>4.</p> <p>5. Care Groups:</p> <ul style="list-style-type: none"> • Anaesthetics, Acute pain & Resuscitation • Theatres, Day Surgery & Decontamination 	<p>Specialised Medicine Clinical Directorate</p> <p>6. Care Groups:</p> <ul style="list-style-type: none"> • Clinical Infection Unit • GUM • Gastroenterology& Endoscopy • Rheumatology • Dermatology & Lymphoedema • Diabetes & Endocrinology • Chest Medicine • BPU 	<p>7. Outpatients & Therapeutics Clinical Directorate</p> <p>8. Care Group:</p> <ul style="list-style-type: none"> • Outpatients • Therapies • Medicines Management/Pharmacy
<p>Cancer Clinical Directorate</p>	<p>Renal, Haematology & Oncology Clinical Directorate</p> <p>Care Groups:</p> <ul style="list-style-type: none"> • Renal • Medical Oncology & Palliative Care • Clinical Haematology 	<p>Critical Care Clinical Directorate</p> <p>9. Care Groups:</p> <ul style="list-style-type: none"> • General ITU • Cardiac ITU • Neuro ITU

The full name of the service provider is: Miles Scott, Chief Executive, St George's Healthcare NHS Trust, Telephone Number 020 8725 1635.

Legal status – NHS Trust

Location for CQC Registration	Lead	Relevant CQC Service Categories	Services included
St George's Hospital, Blackshaw Road, Tooting, London SW17 0QT	Peter Jenkinson, Director of Corporate Affairs	Treatment of disease, disorder or injury	<p>St George's Healthcare NHS Trust provides a diverse range of services, to people who live in Wandsworth, Merton; the western parts of Lambeth, Surrey and Sussex and in some cases treat patients from across the country. The clinical services are grouped into care groups, directorates and then divisions' e.g.</p> <ul style="list-style-type: none"> • Surgery, Neurosciences, Theatres and Anaesthetics, and Cancer Division • Medicine and Cardiovascular Division • Children and Women's, Diagnostic and Therapeutic Service Division <p>The Trust also provides a wide range of specialist care for complex injuries and illnesses. These include cancer services, stroke and trauma, neonatal intensive care.</p> <p>Cardiothoracic medicine and surgery, neurosciences and renal transplantation services also cover significant populations from Surrey and Sussex.</p>
		Surgical procedures	<p>The Trust provides both elective and day case surgery as follows:</p> <ul style="list-style-type: none"> • Neurosurgery • General Surgery includes colorectal, breast, upper GI, Urology • Trauma & Orthopaedic Surgery • Plastics surgery • Maxillofacial & Oral Surgery • Cardiothoracic Surgery • Obstetric – Caesarean sections • Gynaecology surgery • Paediatric Surgery • Neonatal Surgery • Day Surgery
		Diagnostic and screening procedures	<ul style="list-style-type: none"> • Emergency CT head for adults and paediatrics • Paediatric – fluoroscopy, plain radiology, ultrasound measurements and alogorithms and ultrasound scans • MRI & CT for in-patients and out-patients - neurosurgery, adult neurology, paediatric neurology, and neuroscience • Vascular • X-ray requests • Contrast flowchart • Interventional radiology core procedures – embolisation for haemorrhage and nephrostomy • Interventional Radiology emergency -all vascular cases excluding neurovascular, angio, nephrostomy and biliary procedures, all non-vascular cases, IVC filters,

			<ul style="list-style-type: none"> Breast screening
		Maternity and midwifery services	<p>St George's has a busy maternity unit which provides care to the very diverse, cross boundary community offering both consultant obstetric and midwifery led services for the local population.</p> <p>In addition, St George's Hospital is a tertiary referral centre providing high quality specialist care to women with complicated pregnancies from all over the United Kingdom. It has over 5,038 deliveries, which is an increase of 7% from the 2005/06 number of deliveries (4, 531).</p>
		Termination of pregnancies	<ul style="list-style-type: none"> in-patient
		Family planning services	<ul style="list-style-type: none"> Maternity clinics Community clinics
		Community Healthcare Services (CHC)	<ul style="list-style-type: none"> Community Adult Nursing including District Nurses and continence promotion (and community matrons) Integrated Falls service Tissue Viability Team Telehealth Health component of Sure Start Services Health visiting (general) Breastfeeding Specialist Services School Nursing Children's community nurses Reproductive Sexual Health (Family Planning) Homeless and refugee team Children's audiology Safeguarding children team Community Physiotherapy Community paediatric therapies <p>Community neurological rehabilitation teams</p>
		Dental Services (DEN)	Community dentistry
		Rehabilitation Services (RHS)	<ul style="list-style-type: none"> Community rehabilitation teams Primary Care Therapy Team including Community Physiotherapy Community paediatric therapies <p>Intermediate Care Team (Domiciliary, Care Co-ordinators and Night Nursing)</p>
		Long Term Conditions Services (LTC)	<ul style="list-style-type: none"> Community Neurology Team Heart Failure Specialist Nursing Tissue Viability Specialist Nursing Respiratory Specialist Nursing Diabetes Specialist Nursing Community Cardiac Rehabilitation

			<ul style="list-style-type: none"> • HIV/AIDS Specialist Nursing • Haemoglobinopathies Service • Children's Complex needs Team • Integrated Equipment service (WICES) • Children's continuing care team
		Urgent Care Services (UCS)	Walk in Clinics
St John's Therapy Centre, Battersea	Peter Jenkinson, Director of Corporate Affairs	Treatment of disease, disorder or injury	<p>Out-patients Department providing:</p> <ul style="list-style-type: none"> • ENT • Audiology • Plastics • Renal Medicine • General Nephrology • Retinal screening • Rheumatology • Dermatology, Cardiology • Paediatric medicine <p>Day Hospital</p> <ul style="list-style-type: none"> • Geriatric Medicine • Musculoskeletal service
		Rehabilitation services	<ul style="list-style-type: none"> • Rehabilitation • Physiotherapy • Musculoskeletal services
Health Care Services , HMP Wandsworth Heathfield Road, Wandsworth SW18 3HS	"	Prison Healthcare Services (PHS)	<ul style="list-style-type: none"> • 24hour nurse cover/ inpatient facilities • Prison drug rehab team
Queen Mary's Hospital Roehampton Lane, Roehampton, London, SW15 5PN	"	Acute Services (ACS)	<ul style="list-style-type: none"> • Minor operations • Acute Outpatients • Community hospital • Minor Injuries
		Diagnostic & or Screening Services (DSS)	<ul style="list-style-type: none"> • Rapid diagnostic and treatment facilities • (CT/MRI)

			<ul style="list-style-type: none"> • X-Rays • Endoscopy • Phlebotomy
		Rehabilitation services (RHS)	<ul style="list-style-type: none"> • In-patient elderly rehabilitation • In-patient neurological rehabilitation • In-patient amputee rehabilitation • Out-patient amputee (limb fitting) • Brysson White Day Unit at QMH (elderly rehab) • Physiotherapy • Dietetics (all ages) • Podiatry
Kingston Hospital NHS Trust, Galsworthy Rd, Kingston upon Thames KT2 7QB. (South West London Pathology Services).		Diagnostic & or Screening Services (DSS)	<ul style="list-style-type: none"> • Under South West London Pathology (St. George's is the host Trust); Microbiology and Clinical Blood Sciences services will be provided on site at the Kingston location.
Croydon Health Services NHS Trust, 530 London Road, Croydon CR7 7YE. (South West London Pathology Services).		Diagnostic & or Screening Services (DSS)	<ul style="list-style-type: none"> • Under South West London Pathology (St. George's is the host Trust); Microbiology and Clinical Blood Sciences services will be provided on site at the Kingston location.

