

the gazette

Foundation Trust
Special Edition | 2015



St George's gets foundation trust status

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INTRODUCTION FROM THE CHAIRMAN – CHRISTOPHER SMALLWOOD



CHRISTOPHER SMALLWOOD – CHAIRMAN

We are delighted to announce that Monitor – the regulator for the health sector in England – has approved St George’s as a foundation trust (FT). This is a huge vote of confidence in us.

We are now ‘St George’s University Hospitals NHS Foundation Trust’.

Gone are the days when, given a reasonable financial record, trusts could be waived through to FT status. In order to be approved, we had two years of close inspection, first by NHS London, then by the Trust Development Authority and finally by Monitor.

Our finances were trawled through repeatedly with a fine-tooth comb; the governance of the trust came under the spotlight; and, most importantly, the quality and safety of the care we provide was subject to detailed scrutiny.

A full inspection by the Care Quality Commission last February was also part of the process. More than 60 inspectors were on site to examine our services at St George’s and Queen Mary’s Hospital as well as the care we provide in the community. They concluded that we met every one of their essential criteria and gave us an overall rating of ‘good’, declaring several areas ‘outstanding.’

We could not have been assessed more comprehensively and we came through with flying colours.

I want to pay tribute to everyone for making enormous efforts over such a long period to achieve this result. Our application added greatly to the burdens on the board and the executive team, particularly Miles Scott (chief executive) and Steve Bolam (director of finance) to whom particular thanks are due.

But the fundamental reason for our success was the depth of excellence the inspectors found when they examined the quality of care. This is a testament to the professionalism and dedication of everyone who works here, including our many volunteers.

Everyone is to be congratulated.

Being an FT means that we will now be regulated by Monitor rather than the Trust Development Authority. Monitor will be just as keen to see that the key targets – four hours waiting time in A&E, 18 weeks referral to treatment, minimal infection and mortality rates – are hit, so it is no licence to relax our efforts.

And we shall have a new council of governors, supported by 20,000 members representing the communities we serve, to help ensure that we continue to provide care to the highest standards.

As an FT, the trust will be free to settle its own strategy and to borrow and invest to fulfil it. Our new status means we can plan to build a new state-of-the-art Children and Women’s Hospital on the St George’s Hospital site. We will also increase our collaboration with the university, expand our centres of international excellence including neurosciences and cardiac sciences, integrate and grow our community and acute services, and not least build on what we are told every week in ‘24 Hours in A&E’ are “among the most advanced emergency and trauma services in the world”.

For St George’s University Hospitals NHS Foundation Trust, the future is bright.

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SECURITY AND RECEPTION STAFF

MESSAGE FROM MILES

Achieving foundation trust (FT) status is recognition of the high quality services and safe care we provide in our hospitals and in the community. This is great news for our staff, our patients and the communities we serve.



Our success is the result of a long period of improvement from a workforce whose energy, commitment and compassion is outstanding. In this Gazette Special, you will read stories from some individuals who have helped make our foundation status a reality.

The biggest challenge in the FT application process was proving that we can consistently live up to our values; Excellent, Kind, Responsible and Respectful. That work does not stop now that we have foundation trust status. In fact, it becomes even more important as our accountability to our communities increases. We have a vibrant membership and a council of governors who are ready to get started on their important

role of holding the trust leadership to account and ensuring that we have a high level of public engagement in our work.

In authorising us, Monitor has said it will keep a close eye on the waiting times for patients in our emergency department. We will continue working hard to reduce this and to provide the best possible care for every patient, no matter how busy we are.

What I most look forward to now that we are an FT is **refocusing our efforts on our strategy and the development of our services, to better meet the diverse and changing needs of our patients in the future.**

INVOLVING LOCAL COMMUNITIES – THE CORNERSTONE OF FOUNDATION TRUSTS

Involving our local communities is the cornerstone of what foundation trusts are about. It has been my privilege, as membership and governor engagement lead, to help this aim become a reality.

I have seen the process through from members standing for election, to becoming governors and having their first official meeting as a council of governors of an authorised foundation trust. Quite a journey!

Over this time I have provided them with support and information to be able to begin their new roles. It has been important for governors to get to know the organisation – not just by reading through their information packs – but by coming in, meeting key staff and understanding what makes us tick.

Governors have been invited to take part in our 'quality' walk-rounds too to see for themselves the standards we work to and the challenges we face. They have also been invited to events and openings to celebrate new services and facilities. If you came to our community open day last

November you may have met some of our governors then.

As well as forming a relationship with the trust's board of directors, governors represent members and 'link' members to the trust. It is my role to help them fulfil this remit and work together to ensure the trust has a high level of public engagement.

Additionally, I manage the trust's membership (20,000) and the election process. I also plan **Medicine for Members** – a varied and popular programme of events with trust experts talking about a range of topics. We have listened to specialists on ebola, nutrition, heart health and dementia.

These events have been fascinating. They are free to attend and all are welcome. Please [CLICK HERE](#) for more information.

Finally, if you're not already a member, you can [JOIN HERE](#). Members receive regular updates and invites to events via email and, of course, they can stand for election to be a governor. If you would like to know more, please call the membership office on 020 8266 6132 or email members@stgeorges.nhs.uk.



LIZ ASTON-GREGG

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WHAT IS THE ROLE OF THE COUNCIL OF GOVERNORS?

In the last edition of Gazette, we introduced our new council of governors to you.

Foundation trusts have governors who represent the interests of members and hold the chairman and non-executives to account for the performance of the board. Our council of governors is made up of 28 governors; 15 elected public governors, five elected staff governors and eight appointed governors from partner organisations.

Governors play a pivotal role in providing local accountability by representing members from the communities they serve as well as the staff and our partner organisations. They have an ambassadorial role in supporting the trust internally and externally, are unpaid and contribute part-time on behalf of the trust.

Governors have statutory duties, such as appointing or removing the chairman, non-executive directors and

the trust's independent auditor. They are also represented on important trust committees and can, if they choose, set up their own committees to look at areas such as patient safety. In addition, their approval must be obtained for the appointment of a new chief executive and their views taken into account by the directors when preparing information for the regulator about the trust's forward planning.

Our governors have now had their first official meeting during which they ratified

our new name – St George's University Hospitals NHS Foundation Trust.

They have a lot of work ahead as they decide how they want to work as a group, who will be their 'lead' governor and what plans they have for getting to know the trust and how it works.

Their collective experience and enthusiasm will be very much appreciated.

Subsequent editions of Gazette will update you on their progress.

A full list of our governors is [on our website](#). To contact a governor, please use the constituency email addresses below:

- Merton merton@stgeorges.nhs.uk
- Lambeth lambeth@stgeorges.nhs.uk
- Wandsworth wandsworth@stgeorges.nhs.uk
- Regional constituencies (the rest of England and Wales) regional@stgeorges.nhs.uk
- Staff staff@stgeorges.nhs.uk

We are reviewing the Gazette newsletter to ensure that it remains relevant, interesting and attractive to our readers and would like to hear your views.

Enter our prize draw by taking part in a short online survey which should take no more than 10 minutes to complete.

[Click here](#) to take part.

The closing date is: 4 March 2015. Thank you for taking the time to participate. Your views will help shape our future communications.



This prize draw has been

sponsored by Bellrock, the facilities maintenance company responsible for Atkinson Morley wing at St George's. The prizes are shopping vouchers in quantities of: 1 x £100, 1 x £50 and 2 x £25.

COMPLETE A QUICK READER SURVEY FOR A CHANCE TO WIN ££'S OF SHOPPING VOUCHERS!

NHS FOUNDATION TRUST OR NHS TRUST – WHAT’S THE DIFFERENCE FOR ST GEORGE’S?

On hearing the news of our foundation trust status, the question on many people’s lips was somewhat predictable: ‘what difference does it make?’ The answer is, quite a bit! But some things also stay the same, as you will see from the quick guide below.

NHS trust	NHS foundation trust
Reports weekly to the Trust Development Authority (TDA) on a numerous and wide ranging set of performance indicators	Reports to Monitor on a smaller range of key indicators less frequently
Surpluses can only be invested with the involvement of the TDA and may be taken for use elsewhere	Able to retain surpluses to invest in new services within the foundation trust
Limited options to borrow money for investments into services	Increased ability to borrow money to support investments
Level of public engagement is variable	Accountable to its communities through members and governors
No formal or agreed route for the public to hold the trust board’s non-executives to account	The council of governors represents the interests of members and holds our chairman and non-executives to account for the performance of the board.
Decision making may lack community involvement	The views of the council of governors is sought on key strategic decisions
Focused on becoming a Foundation Trust	Able to spend management time on driving the future of the trust and delivering our strategy instead of focusing on our FT application
Care Quality Commission (CQC) inspections and a range of performance targets to meet	CQC inspections and the same range of performance targets to meet
Reporting to the NHS Trust Development Authority	Regulated by as well as being scrutinised and held to account by our new council of governors.

If you have questions about St George’s as a foundation trust, please email them to communications@stgeorges.nhs.uk. We will use these to produce Frequently Asked Questions for publication on our [website](#).



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Jeremy Hunt, Secretary of State for Health:

“ Congratulations to the staff @StGeorgesTrust which has just become a Foundation Trust – a fantastic achievement! ”

Royal Free NHS:

“ Congratulations to the team at @StGeorgesTrust on their new foundation trust status! Great news :-) ”

Thomas Moore, Sky News correspondent:

“ @StGeorgesTrust – home of excellent '24 hrs in A and E' – to become a Foundation Trust, reflecting better care and services #skynews ”

Jane Dreaper, BBC health correspondent:

“ Congratulations! Imagine a lot of hard work went into this ”

Kings Health:

“ @StGeorgesTrust congratulations from all at King's Health Partners #FT ”

Whittington Health:

“ @StGeorgesTrust congratulations on both becoming an FT and exceeding 8,000 followers ”

No sooner had we announced our new foundation trust status, we were flooded with messages of congratulations and praise from other NHS trusts, patients and stakeholders.

On Twitter we received over 111 mentions, 74 favourites and 56 retweets @StGeorgesTrust.

Ruth Carnall:

“ @StGeorgesTrust so pleased to see this well-deserved result. A long journey. ”

Spinal Injury Sol:

“ The excellent @StGeorgesTrust are to become a foundation trust allowing greater patient say in their healthcare #progress ”

Sadiq Khan MP:

“ Just heard that @StGeorgesTrust has just been given Foundation Trust status. Fantastic news & a testament to the hard work of all the staff! ”

Peter Kopelman, principal of St George's, University of London:

“ I am delighted for the trust on their authorisation as a foundation trust. This is appropriate recognition not only to health care in London, but also to education and training and research. St George's, University of London is a proud partner of the trust and shares the same campus and same commitment to serving the local communities in London, the UK population and global health partnerships. Foundation trust status for St George's is good news, not only for people living in south west London but also well beyond. ”

Councillor Ian Hart:

“ Congratulations St George's and staff on foundation status. Great improvements during the past few years @StGeorgesTrust @JimMaddan ”

SamanthaMayfie3:

“ @StGeorgesTrust Congratulations on gaining FT status. Proud to be able to say that St George's is my local hospital. Well done. ”

One of the trust's members, **Stella Saunders**, wrote in to congratulate us and to express her gratitude for the care her family has received here over the years. She said:

“ My children have had three operations at St George's; my daughter aged three with her eyes and later when she and my son were here together in neighbouring beds. My son aged eight had his ears done and my daughter aged six was here for her tonsils and adenoids. I cannot thank you enough for saving my daughter's sight and giving my son his hearing. My son's first words to me after the op were "do you know the pillowcases make a noise when you turn over!" My daughter said "mum, it is lovely - I can see what you look like - I have never seen you so clearly before" and this was whilst she still had stitches in her eyes. I could have wept with joy for them both.

My son who had learning difficulties at school went on to grammar school and then got two degrees, Electronics and Electrical Engineering and Physiotherapy. He now runs his own physiotherapy business in Putney. My daughter went on to be a nurse, and is now 'Matron of the Oncology Unit of the University College London Hospitals. It is all thanks to St G's (that is what we call you) that they have been able to pursue good careers. Again well done and a big, big thank you again for all those years of wonderful attention which has given us all such a good life. ”

Michael Grahn:

“ Congratulations @StGeorgesTrust on Foundation Trust go-ahead. I'm looking forward to representing users as @HWWands Governor ”

Kate Grimes, Kingston FT CEO:

“ Congratulations to all @StGeorgesTrust on getting FT status. A huge achievement @StGeorgesCEO ”

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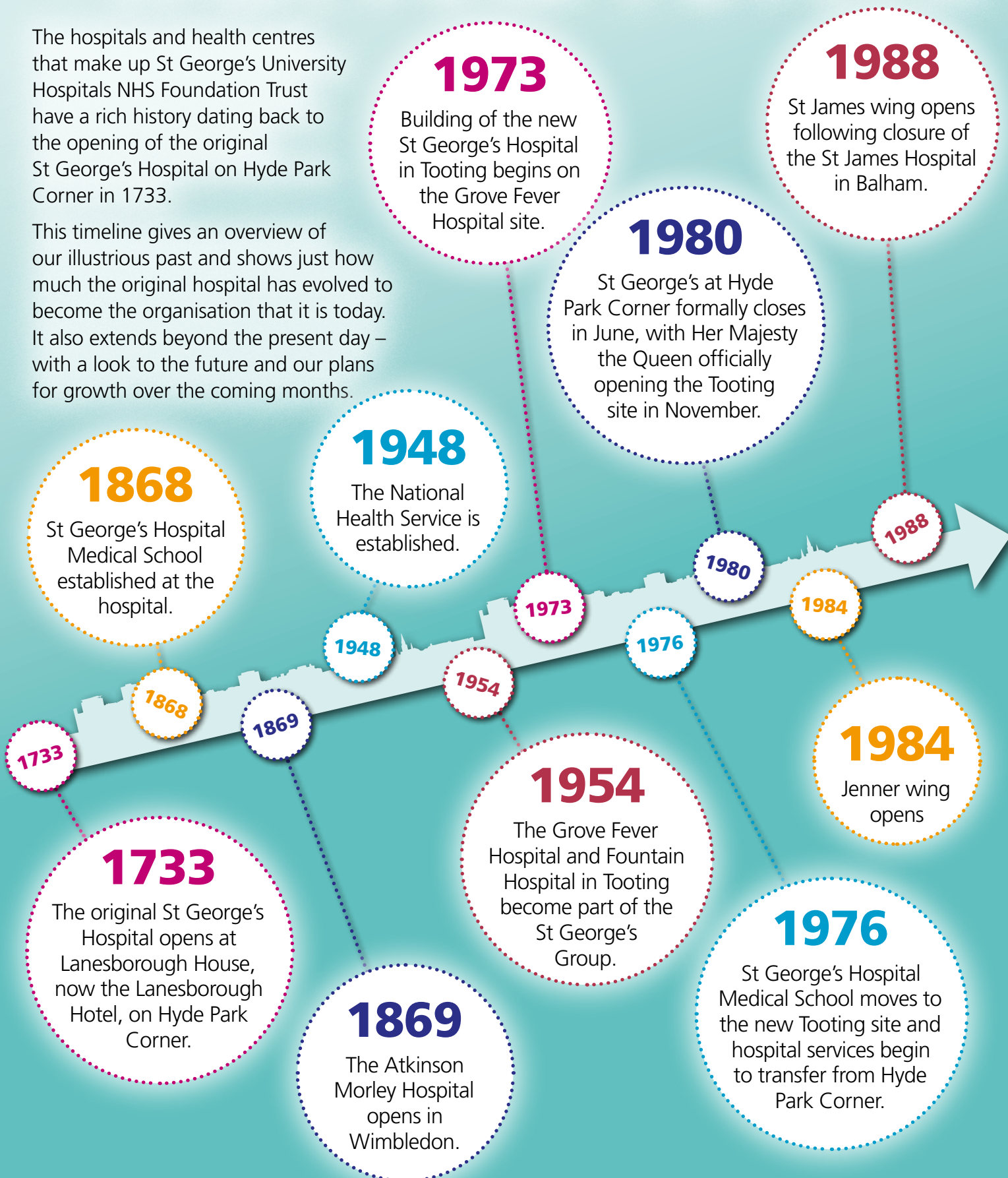


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ST GEORGE'S – PAST AND FUTURE

The hospitals and health centres that make up St George's University Hospitals NHS Foundation Trust have a rich history dating back to the opening of the original St George's Hospital on Hyde Park Corner in 1733.

This timeline gives an overview of our illustrious past and shows just how much the original hospital has evolved to become the organisation that it is today. It also extends beyond the present day – with a look to the future and our plans for growth over the coming months.



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2012

The Wolfson Neurorehabilitation Centre in Wimbledon closes, with services moving to St George's Hospital and Queen Mary's Hospital.

2003

Atkinson Morley Hospital in Wimbledon closes, with services moving into the new Atkinson Morley wing at St George's Hospital.

1993

St George's Group becomes St George's Healthcare NHS Trust.

2005

St George's Medical School becomes St George's, University of London.

2009

St George's Healthcare named as large trust of the year by Dr Foster, and the Grosvenor wing refurbishment is completed.

2015

THIS YEAR WE BECAME A FOUNDATION TRUST AND WE WILL...

- Start providing specialist consultation and diagnostic services at the Nelson Health Centre in Merton
- Open a new surgical assessment unit at St George's Hospital
- Open a new neuro-rehabilitation unit at Queen Mary's Hospital in Roehampton
- Celebrate the Centenary of Queen Mary's Hospital
- Refurbish the children's inpatients department at St George's Hospital

...and more

2013

2014

2015

2014

Helipad opened by the Mayor of London. The Council of Governors was elected.

2010

St George's Healthcare becomes one of four major trauma centres and one of eight hyper-acute stroke units for London. The trust merges with Community Services Wandsworth, becoming responsible for services based at Queen Mary's Hospital in Roehampton, and health centres, GP practices, schools and nurseries in Wandsworth, and healthcare for offenders at HMP Wandsworth.

2013

Redeveloped emergency department opens at St George's Hospital, and work starts on new helipad above St James wing.

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OUR JOURNEY TO FOUNDATION TRUST STATUS

The journey to foundation trust status has been a long one. Staff from across the organisation and at all levels have played their part in getting us here.

Our success would quite simply not have been possible without their individual contributions. Gazette interviewed a small handful of those involved to find out how they helped with our application and what they thought this would mean for the trust's future.

ST. GEORGE'S HOSPITAL

BUILDING OUR REPUTATION AS A CENTRE OF EXCELLENCE

Suzanne Marsello, deputy director of strategy

“What I love about this job is the people I work with – they make even a bad day seem good!

I have been foundation trust (FT) programme director since April 2012. This involved a preparation phase – similar to a dress rehearsal – for our assessment by Monitor, the healthcare regulator.

During this phase, we had to demonstrate to the **Trust Development Authority** (TDA) that our corporate governance, as well as our strategic and financial planning were sound before they would even consider referring us to **Monitor**.

A key part of the preparation was an assessment of our quality governance arrangements and financial due diligence. External assessors were brought in and their assessment process involved meetings with key people, such as non-executive directors, directors, divisional managers, as well as staff and patient focus groups. Part of my role in this was to ensure that staff being interviewed felt prepared for their meetings. We also had to consult

key stakeholders on our strategy and financial plans, and to convince the TDA that we had a clear vision and strategy for the future, supported by a sound financial plan. We had to obtain letters of support from around 15 stakeholders to demonstrate their support for our plans – this included commissioners and patient groups.

We entered the 'Monitor assessment phase' in May. This involved showing how the board works together and how the non-executive directors challenge our executive directors. We also needed to have a legal constitution and a shadow council of governors in place. Monitor required assurance on our quality, financial and operational performance, such as our A&E waiting times and cancer treatment targets, before authorising our FT application.

The CQC inspection last year was another important milestone – a go-or-no-go point – in our application. Had we not received the 'good rating', we would not have been able to progress to the Monitor assessment phase.

Now that we are an FT, Monitor will be more at arms-length than the TDA, as long as we perform well on finance, quality and operational standards. We will also have more financial freedom. One of the most important changes is that with the council of governors, we are now accountable to patients, staff and members of our community for delivery of our plans.

It's important to acknowledge that everyone in the trust – from the cleaners and porters to clinical staff, managers and the board – played a part in us achieving foundation trust status. This is no mean feat considering that we are the first large London-based trust to have been authorised as an FT in a long time.

My hope for the future of the trust is that we continue to have really good patient outcomes, quality of care and that we improve our reputation externally as being a centre of excellence. ”

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A GOOD EXAMPLE THAT OTHER TRUSTS WILL WANT TO EMULATE

Flo Greenaway – matron

“ I have been a matron at St George’s since August 2008. My role is about providing leadership, being visible to patients, overseeing nurses, ensuring safe staffing levels, cleanliness, infection prevention and good nutrition and hydration for all patients. I also ensure that patients and staff are treated with respect and act as an advocate for them.

I see myself as a bridge between corporate management and the staff on the floor. I am expected to be an effective communicator, strategist, decision maker, budget manager and also to represent the views of my staff.

I enjoy the diversity of my role, influencing change, seeing staff regularly, the interaction with them and resolving issues for staff and patients.

Every day you are faced with common challenges, such as bed availability and staffing levels. No two days are the same! Staff are happy when things are resolved and a matron can sometimes make this happen more quickly! It’s not unusual to have challenging situations with patients and the aim is to resolve them before they escalate.

I joined a foundation trust (FT) group which Monitor had set up for senior staff. We were questioned about how we managed our roles, whether we had any concerns and whether we were aware of the trust’s overall objectives and priorities.

One of my wards was involved in the CQC inspection and one of the areas that we were tested on was our awareness of the Mental Capacity Act. Since the inspection, there is a greater focus on ensuring that staff are aware of their responsibilities to patients under this important piece of legislation.

In terms of opportunities, from a corporate perspective there will be more managerial and financial freedoms and from a patient perspective, decisions about the trust and how it runs will be more devolved from a centralised NHS to the local community.

I am sure as an FT we would have an opportunity to discuss issues, looking at areas that need resources to ensure improvement for patients.

I’d like to think that as an FT all staff continue to feel that St George’s is a strong community and that they are valued and remembered for all the hard work they have done to achieve this aim.

The last CQC rating was ‘good’ – as a group of matrons I’d like to think that we can continue to assist and influence staff to improve the care we give in order to achieve an ‘excellent’ rating next time. I also hope that as clinical standards continue to progress that we can be seen as a good example that other trusts will want to emulate.”



ANTI-COAGULATION TEAM

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A MEMBER'S PERSPECTIVE

Bibi Qureshi –

“ I am a member of the trust and have been involved with St George's for about 10 years, including some time as a patient having an operation and treatment on my neck in the Atkinson Morley wing.

For three years I volunteered on a cancer ward, serving patients tea and coffee, supporting patients at mealtimes and liaising with staff on patient care matters. I thoroughly enjoyed this time.

I get involved wherever I can, regularly attending events and members' meetings. I once took part in a stakeholder meeting where patients were asked for their views as part of a tendering process for some of the trust's services.

The challenges as a foundation trust will be to keep up the good work and not become lazy! We need to be careful and continue carrying out summary checks. I really love this trust and want it to continue to do well.

I'm glad that it has become a foundation trust because this will give us greater control over our own finances and the ability to raise funds. We will be able to make more decisions on our own and have greater responsibility for matters that concern the trust. I think we will become much better as a result. ”



A SAFE AND WELL-RUN ORGANISATION WITH A CRITICAL ROLE TO PLAY

Stella Pantelides – non-executive director



“ I joined the trust board two years ago as a non-executive director and soon found a 519 page copy of the trust's integrated business plan (IBP) thrust into my hands!

I quickly realised that this document was a fundamental building block to the trust's FT application.

For someone with no previous experience of the NHS, the IBP was ideal as it encapsulated everything that a new board member needed to know about the trust, its direction and plans and the environment within which it operates.

The board debated each of its key aspects – strategy, environment, quality, finance, aspirations, workforce – and developed a 'shared narrative'; something that proved invaluable in our subsequent encounters with board-to-board meetings with the Trust Development Authority (TDA) and later with Monitor.

In addition to this formal preparation, I invested a great deal of time immersing myself in the 'lived reality' of the trust. I took part in several

quality inspection visits, dropped in at staff events and asked friends and neighbours about their experiences as patients. These activities offered a rich evidence base that came in handy when the regulators asked the 'how do you know?' questions.

The first regulatory hurdle for the trust was the Care Quality Commission (CQC) inspection in February 2014. Achieving a 'good' rating was a huge boost not only because we passed the regulatory test but mainly because of what it said about the standards of care at the trust.

The next hurdle was a board-to-board meeting with the TDA in March 2014. The purpose of this meeting was for them to be satisfied that, as a board, we were fit to steer a foundation trust.

The third and final hurdle was the 'financial and sustainability test' by Monitor. This came in two parts. The first was a one-to-one interview in July 2014, during which each board member was interviewed about all aspects of running the trust. Having succeeded at this stage, the board was then invited to a board-to-board meeting with Monitor in September.

The process we had to go through was incredibly rigorous. It offered a challenge and subsequent assurance that St George's is a safe and well-run organisation with a critical role to play in its local health economy. ”

“ This will give us greater control over our own finances and the ability to raise funds. We will be able to make more decisions on our own and have greater responsibility for matters that concern the trust. ”

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GIVING LOCAL PEOPLE A VOICE

Hilary Harland – elected governor for Merton

“The council of governors gives local people a voice, through elected representatives, in how the services of a foundation trust are run.

Governors don't have a direct role in the day-to-day running of the hospital; that's the job of senior management whose work is scrutinised by the non-executive directors. These in turn are answerable to the council of governors. To get input from the public we will consult with our communities and, if necessary, mount challenges to any new big decisions and little ones too which are often the most important to patients.

The council of governors will be dividing into smaller groups dealing

with items such as engagement with members, remuneration and quality – a subject close to the governors' hearts. Recently, for example, I had the opportunity to visit a ward for the elderly as part of its assessment for a quality award.

The challenges now that we are a foundation trust will be to maintain St George's very high standards and to confront issues such as staff retention and expenditure on agency staff. Equally important of course is not to become so focused on the budget that sight is lost of the most important thing – the patients, whom the trust exists to serve.

St George's is definitely heading in the right direction. It is already a centre of excellence for the treatment of many conditions. My hope for the future is

that it goes from strength to strength, stays financially healthy and continues to be a leader in the fields in which it excels. I count it a privilege to be involved in these exciting times. ”



CQC 'GOOD' RATING – A JUST REWARD

Sal Maughan – head of risk management



“My role in the FT application was to support our executive directors in an extensive self-assessment of our governance processes. I also helped staff prepare for interviews with Monitor and, most significantly, worked hard – with many others – to prepare the trust for its Care Quality Commission (CQC) inspection last February.

The **outcome of the CQC inspection** ('good' overall, with some services 'outstanding') was crucial to our progression in the application process.

Put simply, the required 'good' rating is a prerequisite because it assures Monitor that we offer high quality, safe and responsive care to our patients.

I established 'quality' walk-rounds as part of the preparation for the CQC inspection. These helped the trust understand where some services may not be compliant with CQC standards and where we needed to make improvements.

We were one of the first trusts to undergo the CQC's new inspection regime which was completely overhauled by the Chief Inspector of Hospitals last year. In addition, we were a pilot site for community based inspections. This meant having to work closely with colleagues who deliver care in people's homes or at one of our clinics of smaller sites.

A series of staff briefings were arranged to explain what the inspection might be like. I'm not sure if it was fear or intrigue but there was standing room only at some of

our briefings which were attended by over 2000 staff. We also sent out newsletters to help staff understand the role of the CQC and how an inspection should be viewed as an opportunity to showcase the care we provide and the way we work.

We took care not to 'over prepare' because we wanted inspectors to see how it really was for patients and not give a false picture. That would have been hard anyway, given that we had around 60 inspectors with us for several days! The inspection team requested hundreds of documents before and during the inspection, many of these were needed within 24 hours.

When we received the CQC 'good' rating it felt like just reward for the massive team effort from all staff, but especially the nursing teams.

Well done everyone! ”

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Victoria Morrison – Senior sister

“ When CQC visited our ward last year, I was interviewed by an inspector as was one of my healthcare assistants. I had to demonstrate strong leadership and that patients were receiving a high standard of care after undergoing cardiac surgery, something that is always a priority for us anyway. I had to show that staff were up-to-date with their skills and training and that the environment was safe, well-presented and compliant with infection control policy.

I was also involved in a panel where Monitor asked questions about our practice on the ward. They asked about our clinical governance as well as staff development, how learning is applied in practice on the wards and appraisals.

Now that we are a foundation trust, I think this will mean that if more money can be invested into the cardiac unit then our activity will increase. This in turn will require an increased workforce which could be a recruitment challenge.

I expect that FT status allows the trust to have more freedom with its finances so that services can be tailored to better suit the diverse needs of the local population.

My hope for the future is that the cardiac unit continues to flourish and develop to meet the ever-changing needs of our patients. ”



COMMITMENT TO PATIENT SAFETY

Kim Richmond – medication safety pharmacist

“ I’m part of the medication safety team, a multidisciplinary team which won a trust Team of the Year award in 2013.

I’d like to think that our commitment to patient safety – the very core of our work – has played an important part in our success with foundation trust.

My work includes medication safety monitoring visits to ensure we provide safe and effective care. These visits involve anything from reviewing a patient’s drug treatment to checking the correct storage and monitoring of medication. At least two pharmacists wearing ‘Medication Safety Champion’ t-shirts carry out the visits.

Information is recorded on electronic tablets during the visits as these are the best way to quickly report our findings to senior nursing and pharmacy staff. Where possible, any medication safety issues identified are resolved there and then, the senior ward and pharmacy staff receive a summary at the end of the visit with clear recommendations and responsibilities are assigned.

We regularly perform audits to ensure we are adhering to good practice. We have shared our work at several conferences but also actively look to learn from elsewhere too.

We are also keen to ensure we continue to develop pharmacy

services and patient representatives have visited the pharmacy department and provided us with useful feedback.

Medication was a key area for the inspectors from the Care Quality Commission (CQC). I hope that the work we do to ensure that we prescribe and administer drugs safely made a positive impact during our (very thorough!) CQC inspection last year.

Without those positive results (‘good’ overall with some areas ‘outstanding’) we couldn’t have become an FT.

Of course, we’re all thrilled about our news but our work continues all the time, irrespective of inspections or FT applications. Safety first, status later! ”



“ Of course, we’re all thrilled about our news but our work continues all the time, irrespective of inspections or FT applications. Safety first, status later! ”

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John-Jo – chief information officer



“ As the chief information officer my role covers everything from the network infrastructure, service desk, to IT training – all within a tight budget! As a team we are always investigating new and innovative ways to improve patient care and to improve the accessibility of important clinical information.

As part of the assessment for FT status, I was interviewed by Monitor. I had previously submitted our strategy, programme and project plan which were discussed at length during the meeting. Monitor were particularly interested in our long-term vision and how the work we are doing will eventually mean that our hospital and community staff, as well as, GPs and social care professionals will all be able to access their patients' records. This will greatly benefit patients, for example, if they are admitted to hospital unconscious, we will be able to see from their GP record if they have an allergy to any medication.

Being a foundation trust will provide us with more freedom about how we can invest in becoming a paper light organisation, and offer a more patient-focused information service. Having online patient records means

that specialists can follow their patients remotely, viewing and using data as it is collected on different wards or in the community.

For the last two to three years we've been laying the foundations to enable us to modernise IT and support new ways of working.

I'm proud that our trust is often the first in the UK in this aspect; we recently introduced an IT solution in the paediatric intensive care unit which gathers real time readings from bedside monitors and ventilators.

At a simple click of a button, results are shown electronically, saving nurses time in having to write them and providing more time for patient care rather than leafing through bundles of notes. ”

“ I expect that FT status allows the trust to have more freedom with its finances so that services can be tailored to better suit the diverse needs of the local population. ”

PROVING OUR FINANCIAL VIABILITY

Kevin Harbottle – assistant director of finance

“ As assistant director of finance responsible for strategy and planning, I am the finance lead for the trust's foundation trust application.

To become an FT, we had to demonstrate to Monitor that our organisation was well-constituted, well-governed and financially viable.

My role focused on the organisation's financial viability, not just in the present but in the longer term.

I developed the Long Term Financial Model (LTFM) which provided an accurate reflection of the trust's financial plans.

The LTFM detailed the trust's actual financial performance over the last three years and set out our forecast financial performance over the next five.

The LTFM is not something that can be created by the finance team alone. It had to be a real reflection of the trust's actual plans and so a great number of people gave their time.

It has involved many staff, working together to reflect the trust's income and expenditure, capital investment plans, forecast cash-flows and balance sheets.

Several versions of the LTFM have been produced over time, each of which had to be understood and approved by the trust's board prior to submission.

Our application has taken six years and I have been working on the

trust's LTFM for much of that time so it will be strange – but also good – to now be able to focus more on the detail of the trust's more immediate plans and supporting their development. ”



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We regularly update our website with news stories to keep you updated on what is happening across the trust, such as:

- **Mark's Miracle** – read about Mark who arrived at A&E with an angle-grinder lodged in his chest and how a rarely performed emergency procedure saved his life
- **St George's secures further funding to improve patient safety in Ghana** – read about a partnership set up to share patient safety initiatives and approaches
- **St George's doctor receives award from Prime Minister** – read about Dr Na'eem Ahmed who established an organisation to help young people to volunteer using their professional skills
- St George's to create a new specialist youth service for victims of gang-related violence – **read about this ground-breaking project** aimed at reducing youth violence and supporting victims
- Weekly teasers for each episode of '24 Hours in A&E' on our **home page**



Gazette is produced by the communications team at St George's University Hospitals NHS Foundation Trust.
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