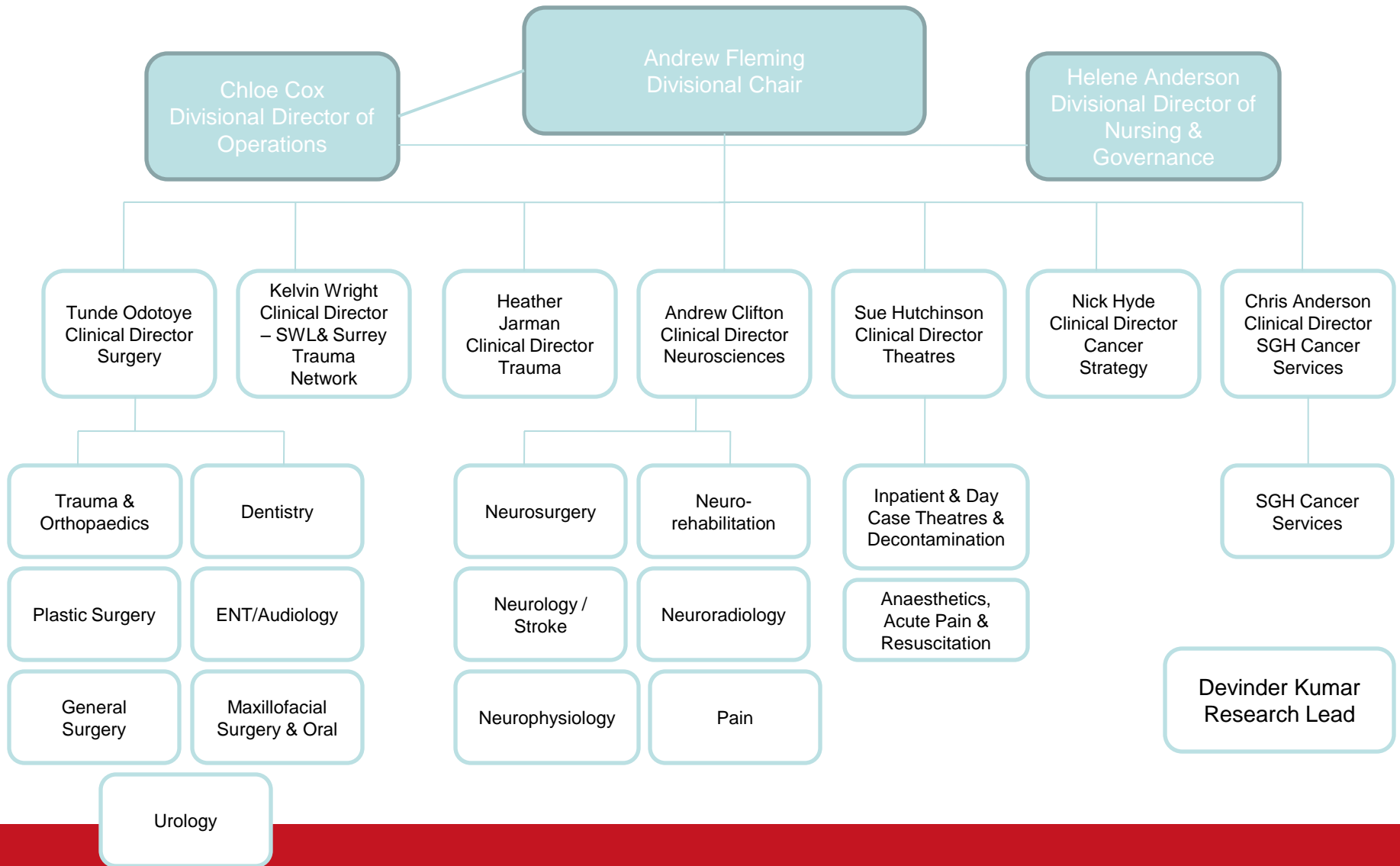


# Division of Surgery, Theatres, Anaesthetics, Neurosciences & Cancer

- + Mr Andrew (Drew) Fleming – Divisional Chair
- + Chloe Cox – Divisional Director of Operations
- + Helene Anderson – Divisional Director of Nursing & Governance

# Divisional Structure



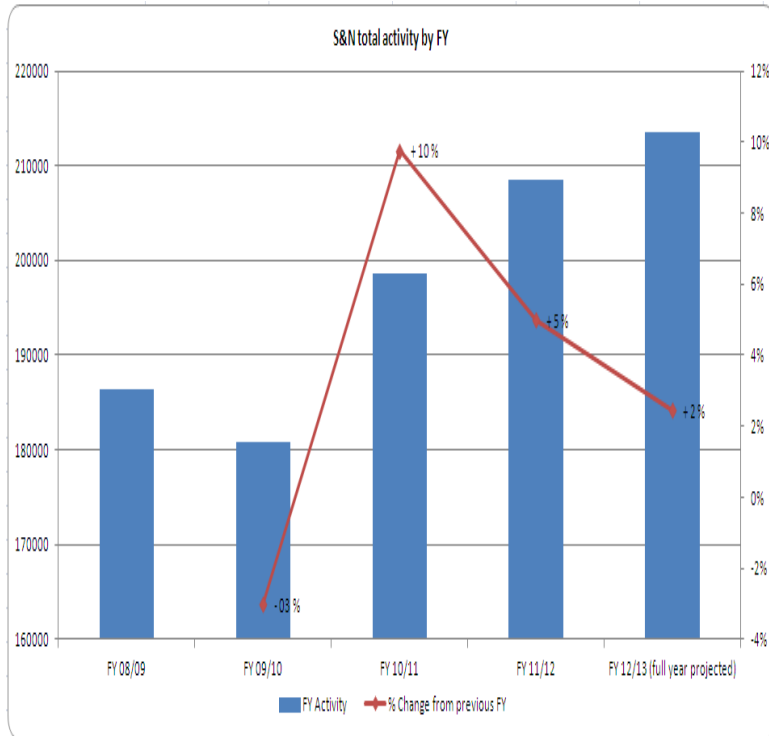
## Income

<b>Directorate</b>	<b>Income</b>
Directorate of Surgery	£90m
Directorate of Neurosciences	£51m
Directorate of Theatres & Anaesthetics	£7m
Directorate of Major Trauma*	£0
Directorate of Cancer Services*	£0
<b>Division</b>	<b>£148m</b>
* "virtual"/strategic directorate	

## Workforce

Staff Group	Whole Time Equivalent (WTE)
Consultants	175
Trainee / Junior Doctors	225
Nurses	678
Allied Health Professionals	501
Administrative / Ancillary Staff	198
Managers	24
<b>Total</b>	<b>1,801</b>

# Recent Divisional Achievements



FY	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13 (full year projected)
FY Activity	186443	180867	198542	208439	213570
% change from previous FY		-03%	+10%	+5%	+2%

- Major Trauma Centre launched 2010 and passed all quality assessments since
- Hyper-acute Stroke Unit launched 2010
- Designation as a burns facility
- Increased activity year on year since 09/10
- Saved £24m in last 5 years
- 7<sup>th</sup> best stroke service nationally 2012
- Heather Jarman first nurse ever appointed as major trauma clinical director

# Divisional Priorities 2013-15



- + Improve the patient experience – Friends and Family
- + Consolidate specialist services, expand profitable services & support local networks
- + Drive efficiency through improved processes
- + Consolidate clinical leadership at all levels in the division
- + Provide an environment that encourages education and research
- + Strengthen divisional governance framework

# Improve the Patient Experience

We will do this by:

- + Acting on patient feedback
- + Optimising bed occupancy through
  - expansion in neurosciences
  - efficiency improvements in surgery
  - Surgical assessment unit
- + Relocating the surgical admissions lounge
  - patient experience
  - admit and discharge on day of surgery
- + Consultant led service (ward rounds / weekend /Adult Emergency Standards)
- + Developing and implementing plans for a 7 day/night week service; invest in 24/7 hospital

# Consolidate Specialist Services, Expand Profitable Services & Support Local Networks

We will do this by:

- +** Building a helipad
- +** Completing the transfer of neuro-rehab service to QMR, retaining complex service at SGH
- +** Trust's growing reputation as a leading cancer provider by expanding some tumour groups, consolidating others and developing new pathways for some
  - 2-3 surgeons now pathway leads on London Cancer Alliance
  - “Cancer at St George's” brand
- +** Expanding key services:
  - neurosurgery capacity & cochlear implant service
- +** Support the new private patient unit
- +** Expanding the “hub & spoke” model with SWL Trusts



# Drive Efficiency through Improved Processes

We will do this by:

- + Reducing length of stay
- + Increased use of community beds
- + Improved theatre utilisation
- + Expanding pre-operative assessment service to facilitate:
  - better planning of elective surgery
  - roll-out of enhanced recovery
- + Repatriation – work with partner hospitals
- + Converting elective surgery from inpatient to day case

# Consolidate Clinical Leadership at all Levels in the Division

We will do this by:

- + Demonstrating the trust values – leaders who “get it”
- + Ensuring active involvement of clinical leaders in managerial and governance activities
- + Holding clinical leaders to account for the performance of their care groups/directorates
- + Supporting the training and development of existing and future clinical leaders
- + Providing departmental incentives for development of services

# Provide an Environment that Encourages Education & Research

We will do this by:

- + Accurately recording current educational and research activity being undertaken in the Division
- + Identifying current key research posts in the Division and support them with appropriate resource
- + Identifying ring-fenced education / research time in future consultant job plans
- + Appointing into key research/ education posts
  - Chairs in T&O, general surgery, neurosurgery
- + Exploring creative opportunities for increased funding
- + Measuring how we're doing on research & education

# Strengthen Divisional Governance Framework

We will do this by:

- + Expanding the membership of the Divisional Governance Board
- + Holding teams to account, via Divisional Management Board, for their performance in relation to key governance metrics
  - CQUINs / 42 week activity / 18 week / A&E / patient safety
- + Replicating the divisional governance structure at directorate and care group level
- + Ensuring that the divisional CRP programme is fully risk assessed

- +** Capacity planning failure
  - Loss of market share and specialist services
  - Deterioration in performance against 18 week target
- +** Risks to effective clinical services
  - Public face of SGH
  - IT
  - Corporate outpatients
  - Estates: theatre refurbishment, surgical assessment unit, surgical admissions lounge, helipad



# Thank you

