



ST GEORGE'S HEALTHCARE NHS TRUST: THE NEXT DECADE



Annual Plan and Objectives 2014/15
Quarter One Monitoring

Aligning capacity to clinical need

Objective	Actions		Lead
	Q1	Update on progress	
Ensure we align our bed capacity to the clinical needs of our patients	<p>Keep 23 Caesar Hawkins open; 15 Vernon/Gray beds become surgical</p> <p>Plan for implementation of Frailty Model</p> <p>Agree further beds plan</p> <p>TOTAL 38</p>	<p>Caesar Hawkins remains open in 2014/15</p> <p>15 Vernon/Gray beds formally handed to surgery in March 2014</p> <p>Frailty Model has been developed with Phase 1 to be implemented from August 2014, this will include an acute geriatric unit</p> <p>The following capacity Business Cases were reviewed at 15 July 2014 Trust board and agreed subject to loan finance:</p> <ul style="list-style-type: none"> • Cardiovascular Development • Amyand Ward • Trevor Howell Ward • Neurosciences (QMR and Thomas Young Ward) • Neurosciences (Gym) • Surgical Assessment Unit (SAU) 	<p>Director of Delivery and Improvement</p> <p>Note: the bed equivalents are subject to current review and any revisions will be discussed by the Board</p>

Aligning capacity to clinical need

Objective	Actions		Lead
	Q1	Update on progress	
Ensure that we align our theatre capacity to the clinical needs of our patients	20 theatre hours per week released	<p>Prior to the original service improvement theatres PID approval, detailed scoping work was undertaken with operational and clinical teams. The 20 theatre hours were not allocated to divisions in Q1 following this detailed scoping, and therefore there was no adverse impact of non-delivery.</p> <p>The initial projections from the Theatres PID have been revised, and whilst the capacity projections have remained robust, the timescales to achieve them have been extended. A revised Theatres Capacity Programme will go to the Finance and Performance Committee on 30 July 2014.</p> <p>In Q1 a day surgery theatres pilot identified 10-14 sessions could be gained per week by extending the day surgery day. A plan to roll out this pilot further is now being drafted.</p>	Director of Delivery and Improvement

Securing income and achieving FT authorisation

Objective	Actions		Lead
	Q1	Update on progress	
Take immediate steps to expand our key tertiary services in the longer term and thus increase our income	<p>Agree marketing plans to meet local income targets</p> <p>Cardiovascular income target Q1 £14,960k</p> <p>Neuroscience Income target Q1 £13,369k</p> <p>Total income target Q1 £143,752k</p>	<p>Cardiovascular target £14,897k and actual at Q1 £14,830k variance £67k adverse This will be mitigated by carrying out additional activity through private sector capacity</p> <p>Neuroscience target £13,116k and actual at Q1 £13,400k variance £283k favourable</p> <p><i>NB The divisional targets have changed marginally since publication of the monitoring plan, and may do again due to final allocation of CQUINs and challenges</i></p>	<p>Director of Delivery and Improvement</p> <p>Director of Strategic Development</p> <p>See also slide 12</p>
Continue to make good progress towards being authorised as a Foundation Trust in the coming year	<p>Commence Monitor assessment phase</p> <p>Commence implementation of the actions arising from the CQC inspection</p>	<p>Letter from Monitor 12 May 14 invited St George's to submit an application to Monitor. The Monitor assessment phase commenced in May and the assessment process is ongoing. The Trust is currently expecting the Board to Board in September 2014.</p> <p>Action plan has been developed and approved by the Trust Board in May 2014. Progress is monitored by QRC and the NTDA via Clinical Quality Review Meeting. Expected date of compliance is September 2014.</p>	<p>Director of Corporate Affairs</p>

Make progress towards our vision

Redesign care pathways to keep more people out of hospital: 1

Objective	Actions		Lead
	Q1	Update on progress	
Implement the new model of care in community adult health services (CAHS)	<p>Complete staff consultation for new model of service</p> <p>Pilot universal care plan documentation</p> <p>Identification of all four locality hubs</p>	<p>Consultation completed and closed. HR workstream in place and next phases of workforce development planned</p> <p>Care plan documentation reviewed and universal care plan documentation agreed</p> <p>All community estates reviewed and 3 and 4 site option drafted. Further work underway to confirm by mid August 2014</p>	Divisional Chair CSD
Agree with commissioners and social care partners in Wandsworth and Merton the plans for the Better Care Fund to further integrate local services	Input into CCG and local authority 2 year plans for the BCF	Divisional Chair for CSD has met with Merton regarding their Better Care Fund plans. Specific work underway with Wandsworth around falls	Divisional Chair CSD

Make progress towards our vision

Redesign care pathways to keep more people out of hospital: 2

Objective	Actions		Lead
	Q1	Update on progress	
Redesign and improve our services for frail older people	<p>Implement initial stages of Frailty model including transfer of Senior Health wards to acute medicine</p> <p>Agree plan and phasing for implementation of remaining elements of frailty pathway</p>	<p>Transfer of Senior Health wards and management to the medicine directorate took place as of 1 June 2014</p> <p>As per slide 2 – Phase 1 has been planned to be implemented from August. Phase 2 is also planned to be implemented starting towards the end of Q2, and further phases are also already under development</p>	Director of Delivery and Improvement

Make progress towards our vision

Redesign and reconfigure our local hospital services to provide higher quality care

Objective	Actions		Lead
	Q1	Update on progress	
Complete the planning for the children's & women's hospital so that work can start in 2015	Continue to work up SOC	The SOC has been prepared. The Business Case for the Paediatric part of the development will go to the September 14 board	Director of Corporate Affairs
Commence the building of a surgical assessment unit	Completion of Business Case	SAU Business Case agreed by Trust Board 15 July 2014	Divisional Chair SNT
Transfer neurorehabilitation services to QMR		No specific actions in Q1	Divisional Chair SNT
Work closely with the SW London Collaborative Commissioning Programme	Work with commissioners and partners on SW London 5 year strategy	The SW London 5 year strategy was published on 20 June 2014. Providers are now working together and sharing data to scope a range of options for reconfiguration	Director of Strategic Development

Make progress towards our vision

Consolidate and expand our key specialist services: 1

Objective	Actions		Lead
	Q1	Update on progress	
Complete plans for more critical care beds	Agree plan for managing 14/15 demand	Critical care is one of the five key workstreams in the service improvement patient flow programme and this work will ensure critical care capacity is optimally and efficiently utilised. Plans are under development to use AMW level 2 for more critical care capacity.	Divisional Chair CWDT
Complete the new hybrid operating theatre		No specific actions in Q1	Divisional Chair MCV

Make progress towards our vision

Consolidate and expand our key specialist services: 2

Objective	Actions		Lead
	Q1	Update on progress	
Increase capacity and market share in cardiovascular and neuroscience services	<p>Implement 4 Heart Failure beds</p> <p>Participate in bid to provide cardiology services at the Nelson Hospital</p>	<p>Heart failure patients under cardiac care are in dedicated beds. Plans are in progress for 7 additional heart failure beds in AMW level 3 for an expanded heart failure unit</p> <p>Nelson Bid submitted 7 July 2014, Presentation 16 July 2014, Site Visit 17 July 2014. St George's will be advised whether our bid has been successful by Merton CCG in late September 2014</p>	Divisional Chairs MCV & SNT

Make progress towards our vision

Consolidate and expand our key specialist services: 3

Objective	Actions		Lead
	Q1	Update on progress	
Complete plans for the relocation of Renal services	Preparation of SOC	Work continues on development of SOC, planned to be presented to August 14 Trust Board	Divisional Chair MCV
Implement strategy to improve the experience of cancer patients	<p>Set up regular meetings with primary care cancer leads</p> <p>Strengthen structure of cancer directorate</p>	<p>Meetings take place with primary care cancer colleagues, and there is a primary care representative on the cancer clinical directorate membership. The Trust had a cancer services joint workshop with Macmillan on 15 July 2014 and there was primary care representation at the workshop</p> <p>A report outlining progress with Cancer Services was taken to the Surgery DMB on 14 July 2014, covering improvements in patient experience, monitoring targets and strategic planning</p>	Divisional Chair SNT

Make progress towards our vision

Provide excellent and innovative education to improve patient safety, experience and outcomes

Objective	Actions		Lead
	Q1	Update on progress	
Work towards being a national leader in multi-professional training	Increased number and range of multiprofessional training events within the simulation centre and in clinical areas	<p>Nursing staff now embedded in simulation training days with Junior doctor and / or medical students.</p> <p>Harm free care days established as multi-professional training events</p> <p>Successful bid to roll out multi-professional training in the clinical setting</p>	Director of Human Resources & Organisation Development

Make progress towards our vision

Provide excellent and innovative education to improve patient safety, experience and outcomes

Objective	Actions		Lead
	Q1	Update on progress	
Develop further new training pathways to meet the needs of new models of care	Workforce planning group established to address reductions in junior doctors & replaced with other health professionals	<p>First meeting of the Workforce planning group has taken place and a terms of reference developed</p> <p>Project lead appointed to identify and develop training posts and pathways in community settings</p>	<p>Director of Human Resources & Organisation Development</p> <p>Medical Director</p>
Improve student feedback on clinical placements	Review and act upon student feedback on placements to the trust	<p>An electronic evaluation form has been made available to all medical students on all placements. Collation of feedback is in process and this will be provided to the Trust for review and action. The Joint Undergraduate Committee met in July 2014, they are responsible for highlighting issues to teaching firms, offering assistance and interventions for improvement. This forum also acts as a conduit for sharing good practice</p> <p>Nursing end of placement feedback was taken to the Nursing Board in April 2014, and given to Divisional Directors of Nursing and Governance</p>	<p>Director of Human Resources & Organisation Development</p> <p>Medical Director</p>

Make progress towards our vision

Drive research and innovation through our clinical services: 1

Objective	Actions		Lead
	Q1	Update on progress	
Continue to increase the number of patients recruited into NIHR studies	Quarterly reports to the Research Board and EMT	A target for FY recruitment has been agreed with The NIHR (South London CRN) of 4,036. The published recruitment figure for Q1 is 1,824, almost 45% of the annual target. Several big recruiting studies are expected to close in the next quarter - therefore projecting a drop in recruitment Q3, but expect to meet target Report taken to EMT 07 July 14, and Research update report will be presented at July Trust Board	Medical Director (Please note that the quarters in academic year do not match those in the NHS)

Make progress towards our vision

Drive research and innovation through our clinical services: 2

Objective	Actions		Lead
	Q1	Update on progress	
Improve the performance of clinical research support structures such as the Clinical Research Facility and the Research pharmacy	Complete TUPE process – and integrate CRF staff into trust structures	CRF staff were TUPE'd and became Trust employees on 1st June. They have had the necessary inductions, and other new staff filling existing vacancies are being recruited directly into the Trust. Other aspects of day-to-day work, such as routine procurement, are still in transition using both Trust and SGUL systems.	Medical Director

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care: **1**

Objective	Actions		Lead
	Q1	Update on progress	
Continue to improve the environment for patients		No specific actions in Q1	Director of Estates & Facilities

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care: 2

Objective	Actions		Lead
	Q1	Update on progress	
Develop all opportunities to maximise and enhance capacity for patient care	Agree plan for additional physical capacity on site	<p>The following capacity Business Cases were reviewed at 15 July 2014 Trust board and agreed subject to loan finance:</p> <ul style="list-style-type: none"> • Cardiovascular Development • Amyand Ward • Trevor Howell Ward • Neurosciences (QMR and Thomas Young Ward) • Neurosciences (Gym) • Surgical Assessment Unit (SAU) 	<p>Director of Estates & Facilities</p> <p>See also Slide 6</p>
Continue to improve the quality and efficiency of our services through the delivery of our Improvement Programme for 2014/15	Deliver against Improvement Programme milestones	<p>In April 2014, the trust Service Improvement programme was revised to create five key workstreams under the heading of patient flow. These five workstreams are aimed at releasing capacity and improving the “in-day bed imbalance”. The five workstreams are:</p> <ul style="list-style-type: none"> • Discharge and partnerships • Medical ambulatory • Surgical assessment unit and ambulatory pathways • Critical care • Frailty <p>Each of the five workstreams have newly developed milestones and key outcome metrics</p>	<p>Director of Delivery and Improvement</p> <p>See also slide 6</p>

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care: 3

Objective	Actions		Lead
	Q1	Update on progress	
Further build on our relationships with our local GPs through a defined programme	<p>Bridging the Gap event – 3 events in 14/15</p> <p>Establish a GP engagement working group/ committee</p> <p>Actively engage with south west London sector CCGs and south west Lambeth LCG</p>	<p>A Bridging the Gap event is planned for October 2014, with two follow up events by March 2015</p> <p>Ongoing GP engagement has taken place in Q1 including feedback about GP quality alerts received</p> <p>Engagement with Wandsworth CCG is excellent, and links are strengthening with Merton CCG (via the LMC, GP quality alert system and meetings with practices). Engagement with Sutton CCG is also improving with the launch of Kinesis. A regular meeting with Lambeth CCG exists, and St George's has renewed links and joint working with Kingston and Croydon through the SWL pathology work. Engagement with other CCGs is ongoing.</p>	Director of Strategic Development

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care : 4

Objective	Actions		Lead
	Q1	Update on progress	
Deploy mobile devices, implement electronic prescribing, roll out electronic document management and develop the clinical portal service	<p>Rollout of eTCI</p> <p>Continue to roll out mobile devices to clinical areas</p>	<p>150 workstations on wheels deployed to ward areas – April – June 2014</p> <p>Eprescribing and drug administration deployed to Paediatric Intensive care and Paediatric Inpatient wards as first stage of phased deployment</p> <p>Electronic document management deployed to Paediatric outpatients areas</p> <p>Clinical portal service supporting new SW London Pathology cytology services</p>	Director of Finance

Make progress towards our vision

Improve productivity, the environment and systems to enable excellent care: 5

Objective	Actions		Lead
	Q1	Update on progress	
Implement the joint pathology service across three trusts in south west London		Service has successfully gone live and staff have been moved to St George's payroll. Service is operational and working well	Divisional Chair CWDT
Conclude negotiations with a partner to develop a private patients unit	Best and final offers from prospective partners	Best and final offers were received by the end of June 2014. Clarification meetings have been taking place as part of the formal process and the final clarification meeting is planned for 28 July 2014	Director of Finance