

# CWDT&CC Division Presentation to SGH Trust Board

30 July 2014



# CWDT&CC Leadership Team

**Divisional Director of  
Operations**



**Sofia COLAS**

**Divisional Chair**



**Andrew RHODES**

**Head of Nursing /  
Governance**



**Joanna HAWORTH**



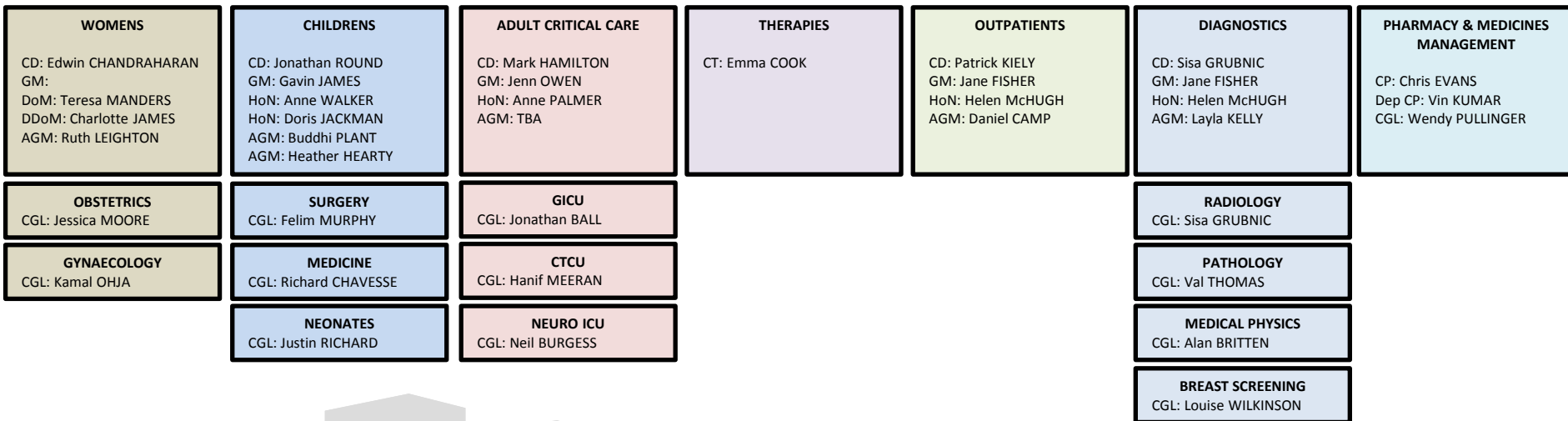
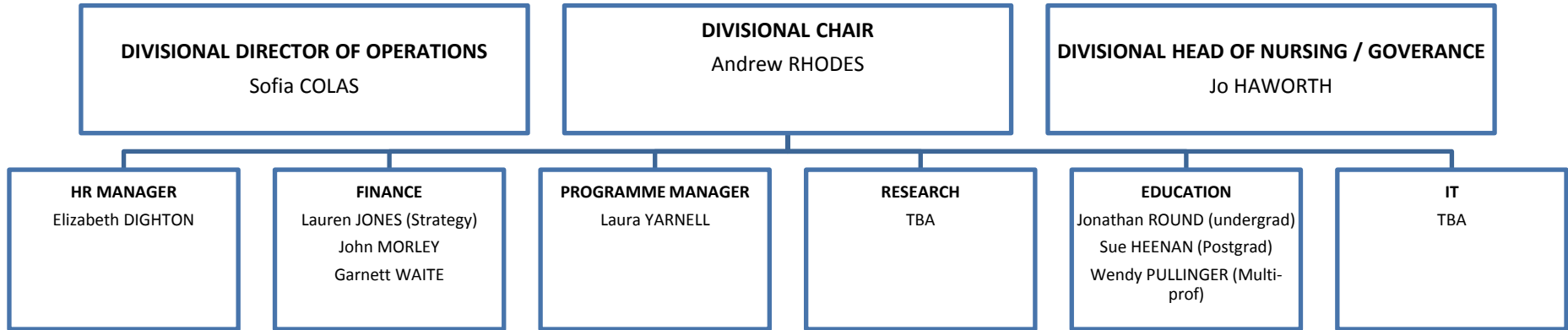
# Divisional Highlights

- 645,000 Outpatient appointments
- 400,000 Telephone calls to Booking Service
- 400,000 Dispenses from pharmacy
- 250,000 Radiological appointments
- 22,000 Adult Critical care days
- 5,000 Deliveries

2013/14 Data



# Children's, Women's, Diagnostics and Critical Care Division



# Divisional Highlights

- 2,309 WTE staff (2,501 head count)
- 7 Directorates
- 12 Care Groups
- Annual budget:
  - Income of £158 million
  - Expenditure of £175 million
- 2013/14 SLR position -£5.737m



# 5 Year Income-Expenditure Analysis for CWDT&CC



# CWDT&CC 14/15 Business Plan

## Strategic Developments

- Develop 5<sup>th</sup> floor LW as Children's Hospital
- Increase Critical Care Capacity
- Complete implementation of SWL Pathology
- Progress planning for Children's and Women's Hospital
- Develop interim capacity plan for maternity
- Develop an imaging strategy
- Implement review of community paediatrics
- Assess commercial opportunities
- Develop educational and research strategies



## Ratings

### Overall rating for this hospital

Good



Accident and emergency

Good



Medical care

Good



Surgery

Good



Intensive/critical care

Outstanding



Maternity and family planning

Good



Services for children & young people

Good



End of life care

Requires improvement



Outpatients

Good





## Outpatients

Some patients found staff to be friendly, professional and caring and were mostly happy with the services provided by the trust. Others were negative about the waiting times for appointments, and many patients were frustrated that they were not given information about how long they would have to wait once they were in the clinic.

There was a **reliance on temporary records as medical records** were often unavailable. Patients' paper records were not always kept securely and confidentiality was often breached. Although the trust was putting arrangements in place to obtain feedback from patients, staff told us that limited information was available about patient experiences. Staff knew that there was a regular problem with overbooking of clinics, but did not seem to understand why or how this could be better managed.

Local leadership was visible but despite this the outpatients department was **not well-led**. Communication was not always effective at all levels and staff were not clear on management structures and the responsibilities of other team members. Staff complained **of bullying and** some felt unable to raise concerns. The service needs to be better-led in order to bring about improvements.

## Services for children & young people

Children and young people were cared for by nursing staff that were predominantly trained as children's nurses. There were playrooms with toys and activities for children and young people of all ages. All areas were clean and there was a school on site for patients. Children, young people and their parents said that they were "happy" with the care and treatment provided.

Although there were some concerns about staffing levels the trust had plans in place to recruit extra staff with a view to covering those staff on long term sick leave. Appraisals were in place on most wards and staff stated that they benefitted from these. We were concerned that the service was **not well-led**. One senior nurse told us that they had reported their concerns regarding staffing levels using whistleblowing procedures but had been "reprimanded" for doing this. Two other staff members told us that they were concerned that some senior nursing staff were **"not listened to"** by senior management in the trust.



Standard (Outcome) inspected	Judgement January 2013	Judgement August 2013
Outcome 1. Respecting and involving people who use services.	Non-compliant-Moderate impact	Compliant
Outcome 4. Care and welfare of people who use services.	Non-compliant-Moderate impact	Compliant
Outcome 5. Meeting nutritional needs.	Non-compliant-Minor impact	Compliant
Outcome 7. Safeguarding people who use services from abuse.	Compliant	Not inspected
Outcome 8. Cleanliness and infection control.	Non-compliant-Moderate impact	Compliant
Outcome 9. Medicines management.	Not inspected	Non-compliant-Minor impact
Outcome 13. Staffing.	Non-compliant-Minor impact	Non-compliant-Minor impact
Outcome 14. Support workers.	Compliant	Not inspected
Outcome 16. Monitoring quality of service provision.	Not inspected	Compliant
Outcome 21. Records	Non-compliant-Minor impact	Non-compliant-Minor impact



# Workforce Issues in Children's

- There are considerable workforce issues in the Children's Directorate
- These can be seen through
  - HR metrics (vacancy rates)
  - Safe staffing warnings (to DGB)
  - Finance (agency usage)
  - CQC reports
- The DDNG is focussing on this area to increase leadership, staff engagement and recruitment / retention.



# Adult Critical Care

- Critical Care demand has outstripped capacity in recent years
- Underpins Trust Strategy and is therefore absolutely necessary
- Critical care is one of the 5 key workstreams in the service improvement patient flow programme and this work will ensure capacity is optimally and efficiently utilised.
- Plans are under development to use AMW level 1 and 2 for more critical care capacity.
- Plans for increased capacity on GICU roof (being developed)
  - SOC to FRAG / BCAG in August 2014, Board in September 2014
  - OBC / FBC to be completed by April 2015
  - Aim to open in 2016 Q3



# Children's and Women's Hospital

- The development of the C&W Hospital is a key objective that will support delivery of two elements of the Trust's strategic plan:
  - To provide the highest quality local hospital
  - To be a comprehensive regional hospital with outstanding outcomes
- Plan FBC to Trust board 2014 Q3
- Construction start date: 2015 Q1



# Finance / CIP Progress

- Q1 budget position: £-1.1m with a YE forecast of £-2.1m

Financial Risks	CIP
<ul style="list-style-type: none"><li>• Planning gap</li><li>• EDM programme</li><li>• CQUIN underperformance</li><li>• Compliance cost pressures</li><li>• Commissioner challenges</li><li>• Underachievement of CIPs</li><li>• Impact of SWLP</li></ul>	<p>2014/15</p> <ul style="list-style-type: none"><li>• The Division has a CIP target of £10.2m</li><li>• We have identified £8.8m schemes</li><li>• Leaving a current gap of £1.4m</li></ul> <p>2015/16</p> <ul style="list-style-type: none"><li>• The Division has a CIP target of £10.2m</li><li>• We have identified £9.6m schemes</li><li>• Leaving a current gap of £0.6m</li></ul>



## STRENGTHS

- Diverse range of services
- Fixed point as major acute and only tertiary provider in SW London
- “Outstanding” Leadership in some areas
- Excellent clinical outcomes
- Commissioner support to grow
- Areas of research excellence

## WEAKNESSES

- Recurrent surplus position not reached
- Physical capacity is stretched
- Lack of leadership in some areas
- Some parts of Estate not fit for purpose
- Poor logistics support (e.g. outpatients)
- Limited marketing / commercial support
- Research: not as strong as it should be

## OPPORTUNITIES

- Integration with community
- Closer relationships with SGUL
- To develop the first children’s / women’s hospital in the country
- To develop the ‘commercial’ side of our business
- SWL Health re-configuration

## THREATS

- NHS Funding constraints
- Overt competition
- Loss of commissioner support
- SWL Health re-configuration



# Where Will Our Focus Be...(1)?

- ✓ Business as Usual.....
- ✓ Improve patient /user experience in outpatients
- ✓ Tackling the HR issues
  - Bullying / Harassment
  - Recruitment / retention
- ✓ Implementing integration of community / paediatrics
- ✓ Develop longer term imaging strategy
  - MRI Business Case
  - Utilization of QMR capacity





# Where Will Our Focus Be...(2)?

- ✓ Finalize SOC / OBC for Critical Care expansion
- ✓ Pushing ahead with the Children's & Women's hospital
- ✓ Develop increased interim maternity capacity
- ✓ Develop commercial opportunities
- ✓ Improve the academic profile of the Division

