



# ST GEORGE'S HEALTHCARE NHS TRUST: THE NEXT DECADE



Annual Plan and Objectives 2014/15

Quarter Two Monitoring

### Addressing the key challenges for 2014/15



#### Aligning capacity to clinical need

Objective	Actions		Lead
	Q2	Update on progress	
Ensure we align our bed capacity to the clinical needs of our patients	Implement enhanced recovery programme	Enhanced recovery programme being reinvigorated with new Steering Group in place. Colorectal and urology length of stay reductions achieved.	Director of Delivery and Improvement
	Implement phase 1 of frailty pathway	The Acute Senior Health Unit launched on Amyand Ward. Assessment Service due to go live 2 <sup>nd</sup> week in January.	
	Open 15 step down beds  Commence implementation of agreed beds plan	Schemes for increasing capacity being managed on a weekly basis via Director of Delivery and Improvement with each scheme SRO held to account for delivery through Operational Management Team meeting. Amyand & Allingham 8 beds, Nightingale 20 beds and departure lounge all due to go live in Q3.	
	25 bed equivalents released through Improvement Programme (IP)	Length of stay (LOS) data for Q2 indicates that reductions have been achieved in colorectal (LOS reduced from 6.3 to 4.07 days) and urology (4.0 to 3.07 days). Work is under way to verify that these changes are sustainable improvements in LOS rather than changes due to normal variation.	

### Addressing the key challenges for 2014/15



#### Aligning capacity to clinical need

Objective	Actions		Lead
	Q2	Update on progress	
Ensure that we align our theatre capacity to the clinical needs of our patients	20 theatre hours per week released (5 sessions)	In Q1 a day surgery theatres pilot identified that 10-14 sessions could be gained per week by extending the day surgery working day. A plan to roll this out has been developed and this will be in place for Q4.  In - session utilisation key performance data has been developed and is managed via a monthly theatres performance meeting chaired by Divisional Director of Operations.  A medium- term plan for theatres capacity is under development	Director of Delivery and Improvement

### Addressing the key challenges for 2014/15



#### Securing income and achieving FT authorisation

Objective	Actions		Lead
	Q2	Update on progress	
Take immediate steps to expand our key tertiary services in the longer term and thus increase our income	Submit bid to provide services at the Nelson Hospital  Cardiovascular income target Q2 £16,725k  Neuroscience Income target Q2 £13,785k	Bid to provide services at Nelson Hospital submitted. The Trust has been confirmed as the provider of these services from April 2015.  Cardiovascular income for Q2 was £16,768k (£43k ahead of plan).  Neurosciences income for Q2 was £14,686k (£901k ahead of plan).	Director of Delivery and Improvement  Director of Strategic Development  See also slide 9
Continue to make good progress towards being authorised as a Foundation Trust in the coming year	Announce results of Governor elections – July 14	Council of Governors now established and in place.	Director of Corporate Affairs



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

Objective	Actions		Lead
	Q2	Update on progress	
Implement the new model of care in community adult health services (CAHS)	Core staff recruitment completed  50% staff moved into agreed locations  Complete WiFi roll out, teleconference roll out and mobile working pilot	Second consultation completed and closed. The outcome is being drafted and will be published. This will include the implementation plan.  The clinical model has been reviewed and pathways for each function of care have been developed.  Staff recruitment is underway and will remain ongoing.  The metric for "50% of staff moving into agreed locations" by Q2 has been removed from the project, with agreement from the CCG. All moves will happen by summer 2015.  Community estates and IT plans are progressing. The IT works have not commenced to date. Timescales for this have been revised and agreed with the CCG.	Divisional Chair CS Division
Agree with commissioners and social care partners in Wandsworth and Merton the plans for the Better Care Fund (BCF) to further integrate local services	No actions due for completion in Q2	The BCF plans for Wandsworth and Merton were submitted to NHS England in Q2 with the support of the Trust.	Director of Strategic Development Divisional Chair CS Division



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

Objective	Actions		Lead
	Q2	Update on progress	
Redesign and improve our services for frail older people	No actions due for completion in Q2	Although there were no specific milestones due to be completed in Q2, work is on track for the later milestones:  The Acute Senior Health Unit has been launched on Amyand Ward. The Assessment Service is on track to go live in the second week in January.  Developing plans for 'St George's @' 20 beds as part of the frailty service.  The Trust is currently working towards the first stage of the Quality Mark for Elder-Friendly Hospital Wards.	Director of Delivery and Improvement





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

Objective	Actions		Lead
	Q2	Update on progress	
Complete the planning for the children's & women's hospital so that work can start in 2015	No actions due for completion in Q2	The SOC for the C&W hospital development and the FBC for the 5 <sup>th</sup> Floor Lanesborough Wing have been approved by EMT for presentation to the Board at the November 2014 meeting.	Director of Corporate Affairs
Commence the building of a surgical assessment unit (SAU)	No actions due for completion in Q2		Divisional Chair STNC Division
Transfer neurorehabilitation services to QMR	No actions due for completion in Q2		Divisional Chair STNC Division
Work closely with the SW London Collaborative Commissioning Programme	No actions due for completion in Q2	The Trust continues to work closely with commissioners and other acute providers in considering options to redesign clinical pathways to the benefit of patients.	Director of Strategic Development



#### Consolidate and expand our key specialist services: 1

Objective	Actions		Lead
	Q2	Update on progress	
Complete plans for more critical care beds	SOC for capital expansion to Board	Plans are under development to increase critical care capacity by 4 beds in Neurosciences ITU. This should come on-line for winter 2015. The SOC will be presented to the Trust Board in November 2014.	Divisional Chair CWDTCC Division
Complete the new hybrid operating theatre	No actions due for completion in Q2		Divisional Chair MC Division



#### Consolidate and expand our key specialist services: 2

Objective	Actions		Lead
	Q2	Update on progress	
Increase capacity and market share in cardiovascular and neuroscience services	Explore partnership with Stanmore formalising spinal cord rehabilitation at St George's	Neurosciences Spinal rehabilitation proposal written in partnership with Stanmore. Detailed plans to be developed in Q3 & 4.	Divisional Chairs MC & STNC Divisions



#### Consolidate and expand our key specialist services: 3

Objective	Actions		Lead
	Q2	Update on progress	
Complete plans for the relocation of Renal services	SOC to Board	SOC approved at August Trust Board.	Divisional Chair MC Division
Implement strategy to improve the experience of cancer patients	Plan to relocate/ expand ambulatory chemotherapy	Cancer Strategy agreed by EMT in August 2014  The MC Division has prepared a draft business case for expansion and improvement of the day case chemotherapy unit on Trevor Howell Ward, which would allow for pre-construction and tender phases of the project to be completed, prior to an anticipated work start date of April 2015, and completion by Autumn 2015.  The Trust is also involved in broader activities around future localisation and changes to models of care for chemotherapy treatment, through the London Cancer Alliance."	Divisional Chair STNC Division



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

Objective	Actions		Lead
	Q2	Update on progress	
Work towards being a national leader in multi-professional training	Development of multi-professional patient safety training portfolio	HESL funding streams are now supporting more multi-professional training. 1,175 nursing staff have attended multi-professional simulation based training events alongside medical staff in the past year and the nursing participation rate has increased overall to 50%. Increasingly simulation is focusing on whole team learning.	Director of Human Resources & Organisational Development



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

Objective	Actions		Lead
	Q2	Update on progress	
Develop further new training pathways to meet the needs of new models of care	Comprehensive training plan that identifies skills and training needed to support the workforce including community based training	Project lead has completed scoping work and will present to Workforce and Education Committee in December 2014.	Director of Human Resources & Organisational Development Medical Director
Improve student feedback on clinical placements	No actions due for completion in Q2	Although there was no specific milestone for Q2, progress is ongoing:  An electronic evaluation form has been made available to all medical students on placements. Collation of feedback will be provided to the Trust for review and action. The Joint Undergraduate Committee met in July 2014, which is responsible for highlighting issues to teaching firms, offering assistance and interventions for improvement, and sharing good practice. NSS score has significantly improved.  The Nursing Establishment Board includes a work-stream on student retention.	Director of Human Resources & Organisational Development Medical Director



#### Drive research and innovation through our clinical services: 1

Objective	Actions		Lead
	Q2	Update on progress	
Continue to increase the number of patients recruited into NIHR studies	Quarterly reports to the Research Board and EMT	The annual target for the financial year was reached in September 2014.  Specific achievements in Reproductive Health (54% of non-commercial recruitment), Infectious Disease (12%) and Critical Care (6%).  St George's is the largest recruiter to commercial studies in South London, accounting for 28.8% of all commercial studies recruitment.	Medical Director  (Please note that the quarters in academic year do not match those in the NHS)





#### Drive research and innovation through our clinical services: 2

Objective	Actions	Lead	
	Q2	Update on progress	
Improve the performance of clinical research support structures such as the Clinical Research Facility (CRF) and the Research Pharmacy	Integrate CRF operational activity into trust structures  Complete business and strategy plan for the CRF for the next 3 years	Progress has been made towards full integration of the CRF operational activity into Trust structures. There is ongoing work in relation to Trust IT systems and continued secondary access to SGUL IT, and in relation to budgets.  Work to develop the business and strategy plan for the CRF is ongoing.	Medical Director



Objective	Actions		Lead
	Q2	Update on progress	
Continue to improve the environment for patients	Cleaning and catering services benchmarking exercise  Complete preparation for tendering for patient transport	A firm of benchmarking consultants has been selected (Green and Kassab) and are due to report at the end of Q3.  On track against project plan currently. Workshops with service users and staff held to inform Service Specification as per project plan.	Director of Estates & Facilities



Objective	Actions		Lead
	Q2	Update on progress	
Develop all opportunities to maximise and enhance capacity for patient care	Commence delivery against plan	Q2 progress against delivery plan:  Planning work undertaken across various capital schemes  Design work started on Trevor Howell (20 Haematology/Oncology beds) - due to complete 19 <sup>th</sup> January.  Amyand and Allingham (8 beds) design work underway and due to open 8 <sup>th</sup> December	Director of Estates & Facilities



Objective	Actions		Lead
	Q2	Update on progress	
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	<ul> <li>Improvement Programme overall structure and governance tightened including:         <ul> <li>Review of programme Vision, Method and Compact to ensure appropriate alignment, skills and working arrangements</li> <li>Development of benefits tracker to enable progress and outcomes to be robustly monitored</li> <li>Introduction of weekly stand up review meetings with all improvement programme managers and Director of Delivery and Improvement</li> <li>Improvement Programme Steering Group refocused to ensure divisions are appropriately held to account for delivery</li> </ul> </li> </ul>	Director of Delivery and Improvement



Objective	Actions		Lead
	Q2	Update on progress	
Further build on our relationships with our local GPs through a defined programme	Improve information for GPs: • Directory of Services • Improve service profiles on the Trust website	An updated Directory of Service has been completed and we are re-evaluating how best to share this with GPs i.e. electronically or in hard copy form.  Ongoing GP engagement continues, including running a programme of GP Education sessions and dealing with Quality Alerts from GPs.	Director of Strategic Development



Objective	Actions		Lead
	Q2	Update on progress	
Deploy mobile devices, implement electronic prescribing, roll out electronic document management and develop the clinical portal service	Completion and testing of build and delivery by Cerner of module to support clinical pharmacists' workflow.	E-prescribing and drug administration deployed to Renal and Cardiac Services as part of second phase of roll-out, completing the CERNER action required for Q2	Director of Finance, Performance and Informatics
	Availability of EDM across wider Trust for A&E CAS cards, EPR and Referral	Electronic document management (EDM) now utilised for A&E CAS cards. The first phase of incorporating EPR data into EDM is complete, and patient context linkages between Cerner and EDM are established.	
	documents, ITU charts	The clinical portal service supporting SW London Pathology with Enterprise patient master index has been populated, and preparations for the microbiology service changes are in progress	
		A further 100 workstations on wheels were deployed to ward areas in Q2.	



Objective	Actions		Lead
	Q2	Update on progress	
Implement the joint pathology service across three trusts in south west London	Phase 2 to be completed by July 2014  Results published from 3 Laboratory Information Systems	<ul> <li>Phase 2 Completion</li> <li>Gynae Cytology services are consolidated at the hub and performing well.</li> <li>Microbiology on-call for Kingston and Mycology and TB diagnostics are now delivered from the hub laboratory.</li> <li>Microbiology Services from Kingston and CUH due to transfer mid Dec 2014 and Jan 2015 respectively – initially scheduled to move end of July 2014. Delay due to IT issues (see slide 19).</li> <li>Results Published</li> <li>For the services that have already transferred to the hub the results are available at the portal.</li> <li>For the Histopathology services the results are currently not available at CUH, due to restrictions with inbound messaging. This is expected to be rectified by end November 2014.</li> </ul>	Divisional Chair CWDTCC Division



Objective	Actions		Lead
	Q2	Update on progress	
Conclude negotiations with a partner to develop a private patients unit	No actions due for completion in Q2	Progress continues:  Final bids and clarification meetings on submissions were completed in Q2.  Ongoing dialogue and discussions between bid teams and legal teams on the contract agreements i.e. operating agreement, property agreements. Operating agreement is close to final stage  Property agreements are being drafted	Director of Finance, Performance and Informatics