

Stakeholder Bulletin

Welcome to the first edition of our new monthly bulletin for partners and key stakeholders.

We'll be using this bulletin to keep you informed about what's happening at the Trust, and to outline the progress we are making in key areas.

View from the Chair and Chief Executive

These are challenging times for St George's, but we are making progress.

We have a new leadership team, which is gradually getting to grips with the problems we face. These include historically poor financial control, operational performance and a lack of leadership. We also support the initial findings of our recent CQC inspection, which as we expected found us to be wanting in some key areas.

We are making progress, but it will take time to resolve some of the longer-term problems we've identified. Of course, we won't deliver improvements by working in isolation, so are pleased to be engaging with commissioners and regulators on our recovery plans.

■ Our improvement journey

We've stressed consistently that the CQC inspection is only part of our improvement journey. Staff are often doing an excellent job under difficult circumstances – but we need to make it easier for them. We are delivering long overdue investments in and improvements to our IT infrastructure, as well as the hospital estate at St George's (Tooting).

We have taken decisive action to tackle some of the estates challenges. This includes moving some services out of their existing premises to protect patient and staff safety. However, as you will read later in this



bulletin, some of the facilities out of which we currently provide services are in need of urgent modernisation, so there is still a lot of work to do.

The problems with our IT systems are equally serious, and we have recently invested £1.3 million to help stabilise our existing infrastructure. We are delivering on the ground improvements – including 750 new PCs, increased storage and faster network speed – which staff are starting to see and notice. But only further investment will deliver the step-change we require.

■ The local healthcare economy

We have been heavily involved in the Sustainability and Transformation Plans (STP) process. St George's will be a fixed point in these plans. We have been clear that, whatever the recommendations for future service provision locally, St George's should remain a key provider of services for local patients, as well as for specialist services including Major Trauma. There is a lot more work to do in this area, and we will keep stakeholders, staff and patients informed as the plans develop.

We would welcome your feedback for future editions of this update – please email any comments to communications@stgeorges.nhs.uk

Sir David Henshaw, Chair

Professor Simon Mackenzie, Chief Executive

In brief:

■ Care Quality Commission (CQC) inspection:

We welcomed an inspection team from the Care Quality Commission (CQC) in June.

A team of 60 inspectors interviewed staff about their work, talked to patients about the care they received, and monitored the care provided.

We will receive the CQC's inspection report in due course, but the initial feedback from the inspection team confirmed that, whilst staff were caring and doing their best for patients, we are not getting the basics right consistently, and there is improvement work to do.

The inspection team found staff to be caring, motivated and engaged. Staff also spoke with candour about the challenges they faced.

However, the inspectors also identified known problems with our estate and IT, and found governance processes and systems to be weak. The challenges are real, and we need to do better for our patients.

The CQC thanked us for being upfront and honest about the problems at the start of the inspection, and for sharing our recovery plans with them.

We have been working with the CQC since their inspection in June. In the coming weeks, we will ensure you are briefed about the findings of the inspection report, and the timetable for publication.

■ Improving quality and patient experience:

We are confident that patients are starting to see some positive changes when they visit our hospitals.

We are delivering improvements to outpatient services. We see over 800,000 outpatients a year, so we need to get this important service right.

For example, in our call centre, the number of calls answered in one minute has risen from 20% in May to 77% at the end of last month. The number of unanswered calls has dropped from 45% to just 5%.

We are also trialling text message reminders in dermatology, paediatrics and gastroenterology services – this helps patients, but also staff planning and running services that are in high demand.

We have also initiated intensive work in our theatres to make them more efficient. Better planning and the introduction of tighter controls has seen an increase in activity. For example, our urology team has reduced its referral to treatment/18 week waiting list by 32% in just three weeks. Cardiac surgery is also at its highest throughput for four years. This is better for patients, but also means we are making more efficient use of the resources we have.

■ Our financial position:

Like many Trusts, we need to tackle the financial challenges we face.

If we are to continue to provide high quality services for patients, we need to ensure they are efficient and financially sustainable. This means keeping our costs under control, and planning for the future more effectively.

We ended the 2015/16 financial year with a deficit of £55 million. For the current financial year, we need to bring the deficit down to £17.2 million.

We have a plan, but delivering the required savings will be challenging. We are confident that a range of initiatives – including reducing length of stay and use of agency staff – will help us secure some of the savings we need.

We have also asked our clinical and corporate teams to review their recruitment priorities. We will continue to recruit to essential clinical posts, and our services will always be safely staffed.

However, we need to ensure the amount of money we spend on staff is commensurate with the level of income we receive. This is not the case currently, which is why we are taking action to remedy the problem.

■ Improving our Tooting estate:

We are delivering an estates strategy to help us modernise facilities, so improving the working experience of staff, as well as the patients under our care. Many of the buildings on our Tooting site are in need of renovation and refurbishment, which will require significant investment.

We are putting some buildings out of use, such as Buckland Ward in Knightsbridge Wing, which looks after renal patients. Patients are being transferred to alternative accommodation, including a state of the art mobile unit which has been installed on the hospital site.

We are moving some outpatient services from Lanesborough Wing at St George's, following concerns raised during the recent CQC inspection about the potential for over-crowding.

A key part of our estates strategy also involves knocking down those buildings on the site that are not fit for purpose. This will free-up space which we can use in the future to establish new and improved facilities.

This week, we will start knocking the Wandle Annex down, and we expect this to take six weeks. Staff are being provided with better accommodation either on or near the main site.

We are moving at pace, because of the poor state of the Wandle Annexe, and other buildings on the site. However, there is a lot of work to do, and we will provide further updates on our estates plans in future issues of this bulletin.

■ Performance:

This month, we focus briefly on the work of our Emergency Department (ED) at St George's Hospital, and the steps they have taken to ensure patients receive high quality care in a timely manner. In future updates, we will focus on the work we are doing in other areas, such as access to cancer services.

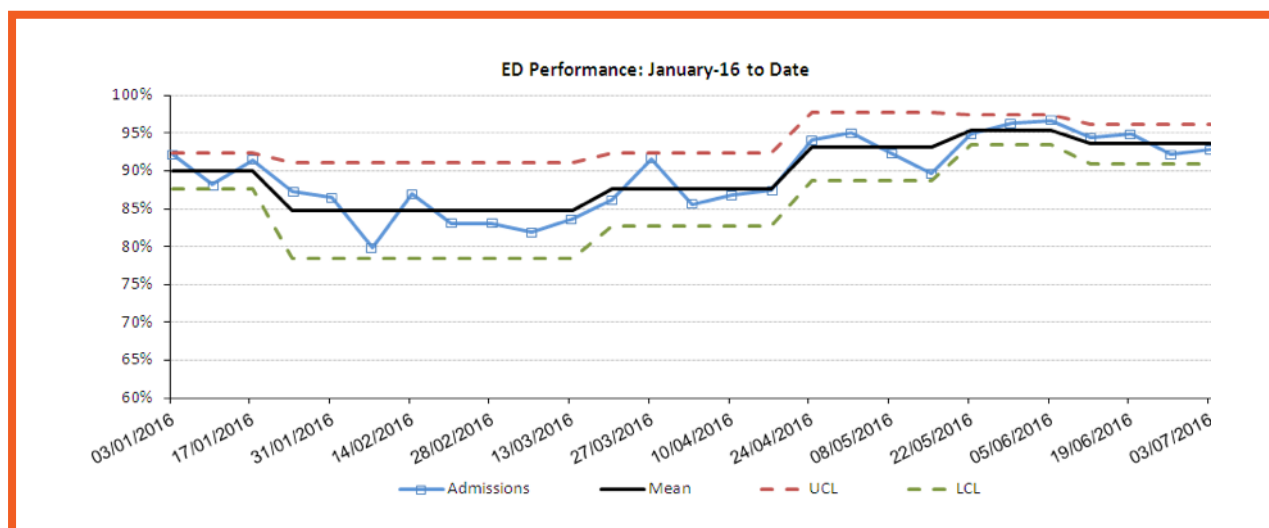
We want to perform well against the 4-hour ED standard, primarily because it means patients get the care they need as soon as possible. However, effective management of this key service also helps us manage the flow of patients within the wider hospital – so it's something we must get right.

We have seen a significant improvement in this area in recent months, as shown by the graph below.

We've introduced a range of measures to help with the flow of patients through the department, which have started to take effect.

We have also created a 'rapid assessment and treatment' area for ambulances, which helps ensure the swift handover of patients between our respective teams.

We have put time and resource into strengthening our triage and 'patient streaming' processes. This is helping us to prioritise patients more effectively when they arrive, meaning they get a better service as a result.



■ Referral to treatment and data quality:

We recently identified significant problems with the reliability of our data reporting, particularly in relation to patients on referral to treatment/18 week rule pathways.

We commissioned external reviews of these reporting systems, which have shown significant flaws in how patients are currently tracked.

Last month, we wrote to NHS Improvement and NHS England confirming our intention to temporarily cease national reporting of our RTT data. This means that our data will not be included in the national data set. However, we will continue to report data at a local level and to our regulators.

We need to fully understand the factors that have contributed to the data reporting problems. A project team is driving this work forward as a matter of urgency, with senior clinical representation. We are also appointing a programme director who has dedicated responsibility for this key piece of work.

A key part of the team's work involves looking at patients currently on the waiting list for treatment, and ensuring they have been listed and prioritised accordingly. This work has now started.

There will be no quick fix to this problem, and we will update you over the coming weeks and months about how this work is progressing.

■ The executive team:

We have strengthened the executive team at St George's, which is now as follows:

- Sir David Henshaw, Chair
- Professor Simon Mackenzie, Chief Executive
- Iain Lynam, Chief Restructuring Officer
- Nigel Carr, Chief Financial Officer
- Suzanne Banks, Chief Nurse
- Professor Andrew Rhodes, Medical Director
- Richard Hancock, Director of Estates and Facilities
- Karen Charman, Director of Workforce and Organisational Development
- Mark Gordon, Chief Operating Officer
- Larry Murphy, Chief Information Officer
- Paul Moore, Director of Quality Governance

Further information about their roles and background is available on our website at:

www.stgeorges.nhs.uk/about/board/members/

excellent
kind
responsible
respectful

Stay in touch

We would welcome your feedback on this bulletin. Please contact us on 0208 725 4080 if you have any comments, or email:

communications@stgeorges.nhs.uk