

Stakeholder Bulletin

Welcome to the September edition of our monthly update for partners and key stakeholders.

View from the Chair and Chief Executive

As we said in August, the challenges we face at St George's are significant, and won't be resolved overnight.

Despite this, we are making progress in a number of areas, and this is down to the hard work of our staff.

Our performance against key access targets is improving, particularly in the Emergency Department at St George's. At present, we are one of the top performers in London, and we are pleased to have seen a sustained improvement over a number of months.

■ Reducing our waiting lists

We are also seeing reductions in our waiting lists – including in vascular, cardiac surgery, paediatrics, urology and gynaecology specialities. Our cancer performance has also improved (see page 4), but the challenge is maintaining this for the benefit of patients using our services.

There is debate about the future of local healthcare services as part of the Sustainability and Transformation Plan (STP) process. St George's will remain a fixed point in any plans put forward; however, our focus at present must remain on getting our own house in order.

To this end, we are pressing ahead with changes to the hospital estate at St George's (see page 2). We are confident the work we are doing will be welcomed by patients and staff, and help us 'reduce the load' on our Tooting site, which is a major cause of some of our infrastructure problems.



■ CQC inspection report

The CQC carried out an inspection of our services in June. We have received a draft copy of the report, which confirms what we already knew; that the problems we face are very real. Progress is being made, but it is clear that a lot more needs to be done. We expect the CQC's final report to be published shortly.

We hope you find this bulletin useful. We would welcome your feedback to inform future editions – please email any comments to communications@stgeorges.nhs.uk

Sir David Henshaw, Chair
Professor Simon Mackenzie, Chief Executive

■ In brief:

Our estates strategy:

As you know, many of the buildings on our Tooting site are in need of renovation or demolition as a result of years of under-investment.

We are pushing ahead with a number of urgent service moves to ensure patient safety, and improve conditions for staff. They include:

Demolition of buildings no longer fit for purpose



Bronte House is one of the buildings no longer fit for purpose

Our programme to demolish a number of buildings on the southern side of our Tooting site is well underway. These buildings are no longer fit for purpose, and require a huge amount of time and money to maintain.

Over the next six months, we will knock down Knightsbridge Wing, Bronte House/Bronte Annexe, Clare House, and Bence Jones.

The buildings are not used by patients, but we are working with affected staff to source alternative office space on or as near to the main hospital site as possible.

Renal services relocation

Work is progressing to move renal services out of Knightsbridge Wing due to problems with water leaks and electrical safety.

As part of this our renal inpatient service will transfer to Champneys ward. Our gynaecology service – formerly located on Champneys ward – has moved to Keate ward on the fifth floor of St James' Wing.

Movement of outpatient services to Queen Mary's Hospital, Roehampton

We have begun the process of moving some outpatient clinics out of Lanesborough Wing. This follows CQC concerns about the potential for over-crowding.

A small number of urology clinics are moving to Queen Mary's Hospital, Roehampton, next month. We are writing to patients, and staff are working hard to ensure a smooth transfer of services between the two sites.

Additional outpatient clinics will transfer out of Lanesborough Wing during October, and we will keep you updated on progress.

■ Our financial position:

We set out to end the current financial year with a deficit of £17.2 million. However, urgent investments in our hospital estate and IT infrastructure now make this target exceptionally difficult to achieve.

Our focus now is on bringing our costs under control, and re-visiting long standing areas of waste across our services. For example, we lose money by not coding properly, meaning we are not properly reimbursed for the operations we carry out.

We are also making our operating theatres more productive. In recent weeks, this has led to a reduction in our cardiac, urology and gynaecology waiting lists. This is good for patients, but also means theatre lists are overrunning less, so we aren't paying as much overtime.

We continue to review the way we purchase medicines, and work closely with our clinicians and commissioners to achieve efficiency savings. An example is the use of 'Biosimilar' medicines which are complex, fully approved versions of high cost original biologic drugs, used to treat a number of long-term conditions. Patients have been fully engaged with these changes, continue to achieve good outcomes, and the NHS gets better value for money as a result.

Our clinical and corporate teams have reviewed their recruitment plans and are now working to revised staffing budgets. We have taken steps to protect front-line posts, and recruitment to clinical NHS Band 5 posts and below will continue, as will junior doctor and rota cover posts.

Like many NHS Trusts in a similar position, our priority will be to deliver the savings required, whilst also ensuring patients are still able to access high quality services when visiting our hospitals.

■ Referral to treatment (RTT) and data quality:

We recently identified problems with the reliability of our data reporting, in particular for patients on 'referral to treatment' (RTT) or 18 week rule pathways.

We took the decision in July to temporarily cease reporting of our RTT data. We are, however, continuing to report data at a local level to commissioners, and to our regulators.

In August, we appointed a technical partner to help us quickly identify the scale of the problem, and how long it will take to resolve. The findings of this review are currently being validated, but we expect to have a much clearer idea of the problem – and the number of patients potentially affected – in the coming weeks. However, we have already begun the process of looking at patients currently on the waiting list for treatment, and ensuring they have been listed and prioritised correctly.

There will be no quick fix to this problem, and a programme director has been appointed to drive this work forward, alongside the Medical Director and other members of the executive team.

■ Improving outpatient services:

Next month, we are launching a campaign to reduce the number of outpatient appointments going to waste as a result of people failing to turn up (known as DNAs - Did Not Attend).

Last year, more than 105,000 people, around one in seven outpatients, didn't attend appointments at our hospitals. This means doctors' and nurses' time and clinic space goes unused. It also means other patients who could be booked into the empty slots lose out.

We are urging patients to contact us if they need to cancel or re-arrange their appointment. We have launched text message appointment reminders for nearly 20 outpatient specialties – and we are already seeing a reduction of 5% in some initial pilot specialties. The overall DNA rate is down by one per cent in the past month alone.

We'll be asking stakeholders and partners to support our campaign. Although 80% plus of patients do let us know if they need to cancel or rearrange an appointment, we need the remaining 20% to do the same so other patients don't miss out on getting the treatment they need.

If we can reduce the number of appointments wasted, we will make the very best use of the resources at our disposal, and reduce waiting lists at the same time.

The campaign is part of our plan to transform outpatient services at the Trust. This includes improving response times in our central booking service – for example, a higher percentage of calls are now answered within one minute, we have reduced the number of unanswered calls, and waiting times during lunchtime peaks have been addressed.

■ Annual Members' Meeting – Wednesday 12 October, 5:30-8.00pm

We would like to invite you to our Annual Members' Meeting, which takes place on Wednesday 12 October from 5:30-8.00pm.

The event is being held in the Monckton Lecture Theatre, ground floor, Grosvenor Wing, St George's Hospital.

The event is an opportunity to hear about developments at the Trust over the past year, and to find out more about our plans for the future.

The event will include a presentation of our Annual Report and Accounts for 2015/16, and provide an overview of the past year.

Ahead of the formal meeting at 6.30pm, there is an opportunity to meet our Governors, and enjoy light refreshments, from 5.30pm.

If you plan to attend, please RSVP by calling 020 8266 6132 or emailing members@stgeorges.nhs.uk

■ Improving services for patients with cancer:

This month, we focus briefly on access to cancer services, which saw an improvement in performance during July and August.

Like all Trusts, we must comply with cancer waiting time standards, which monitor how long patients with cancer or suspected cancer wait to be seen and treated. In July and August, we met and exceeded all eight standards, which is a significant achievement.

We have improved performance by strengthening our administrative processes. We are also better at anticipating surges in activity, and managing our capacity accordingly.

We have increased the number of patients given appointments within seven and 14 days of an urgent GP referral, and increased performance across the board as evidenced by the table below:

Year to date cancer performance

	Target	April	May	June	July
14 Day GP referral for all suspected cancers	Performance (93%)	87.6%	87.3%	90.0%	93.1%
31 Day first treatment	Performance (96%)	98.3%	96.3%	98.8%	97.6%
62 day GP referral to treatment	Performance (85%)	83.1%	77.5%	81.6%	90.2%

Of course, it is equally important to ensure patients have a positive experience when using our services. To this end, we have joined forces with Macmillan to improve the experience of cancer patients at St George's. As part of this, we are providing a forum for patients with cancer to share their experiences of living with the condition. We are also providing specialised training for hospital staff, which will enable them to deliver more personalised cancer care.



The St George's and Macmillan: Cancer Support Partnership for Patient Experience Team

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