

## St George's University Hospitals NHS Foundation Trust - Progress Report.

### Progress since the last update:

#### **'Delivering outstanding care, every time' – our new strategy**

1. In April this year, we published our new five-year strategy, which is designed to give everyone connected with St George's clarity about our aims and ambitions for the future.
2. The strategy was shaped by the views and feedback of over 500 staff, patients and local people over a six month period last year.
3. The new strategy is based on four key priorities;
  - **Strong foundations:** An organisation with strong foundations that provides outstanding care, every time
  - **Excellent local services:** A provider of excellent local services for the people of Wandsworth and Merton
  - **Closer collaboration:** A partner in delivering joined up, sustainable health services across south west London
  - **Leading specialist healthcare:** A provider of leading specialist services for the people of south west London, Surrey, Sussex and beyond
4. We will continue to provide and improve the many different hospital services local people have come to depend – such as maternity and emergency care, for example.
5. We have decided, however, to also prioritise and channel investment into the development of our cancer, children's, neurosciences, and major trauma services.
6. Supporting strategies are currently being developed, in areas such as estates, quality and safety and digital, that will guide future work and investment at the Trust.
7. These supporting strategies are expected to be finalised at the end of 2019.

#### **Care Quality Commission (CQC) inspection**

8. In July, we had an inspection from the Care Quality Commission (CQC). This followed a provider information request received in May.
9. As well as observing our care in practice, the inspectors talked to staff, patients and our key stakeholders for their views on our services and the care we provide for our patients.
10. We are now preparing for the well-led inspection component of the inspection, which will assess the Board's management and governance of the Trust.

11. We're expecting the CQC's final report to be published at the end of this year, and will keep the Committee updated as soon as we have more information.

### **Quality Improvement Programme (QIP) update**

12. Our QIP is a driver for change within the organisation, and a key part of our bid to provide outstanding care, every time for our patients.
13. We have refocused our 2017 Quality Improvement Plan to take account of progress already made, feedback from external assessments, national surveys, and local and national audits.
14. This will ensure we are focusing on the areas we need to in order to improve our rating of 'requires improvement' from the CQC.
15. Our new Quality Improvement Programme 2019/20, has integrated the work of our Quality Improvement Academy (QIA), which is working to support the cultural shift and focus on quality improvement that we are seeking to achieve. It is through the QIA that the Trust is building quality improvement capacity and capability across the organisation.
16. The Quality Improvement Programme 2019/20 continues to focus on the key areas in our previous quality plan.
17. To ensure it is not working in isolation, the refocused Quality Improvement Programme 2019/20 has been integrated with the Trust's Annual Plan 2019/20 and aligned to our corporate objectives and new organisational strategy.

### **Top four quality priorities**

18. Following feedback from our staff, and in order to promote a more focussed approach to quality improvement this year, we have identified the following **top four quality priorities** as part of our Quality Improvement Programme:
  - All adult emergency inpatients to have a treatment escalation plan within 24 hours of admission
  - Training, assessment, documentation and application of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) in all eligible patients
  - Improvement in the detection and response to deteriorating patients, including sepsis, making the best use of electronic patient records and the establishment of a critical care outreach team
  - Improved clinical governance arrangements to ensure there is a robust, consistent approach to this at Trust, divisional, and speciality level.

### **Measuring the impact of the Quality Improvement Programme 2019/20**

19. The Trust's Board receives a monthly performance report which includes quality and safety, workforce, performance and financial data, setting out

performance over the last 12 months against targets we have set. In light of the refreshed QIP, a comprehensive, revised set of metrics has been proposed, and will be incorporated into the report to Board.

20. Below, we have detailed the progress we have made in recent weeks within the different areas of our Quality Improvement Programme 2019/20:

### **Flow and Clinical Transformation**

21. During July, our Emergency Department (ED) saw a 1.59% increase in the number of patients attending compared to the same month last year, which means we are treating an additional 7 patients per day.
22. Our four hour operating standard performance for ED was varied throughout July. By the end of the month, 86.4% of patients were seen, admitted or discharged from the department within four hours, which is below the national target of 95%, and below our monthly improvement trajectory of 94.2%.
23. In July, Trust performance remained compliant against the national standard for the six week diagnostic access standard, with a total of 74 patients waiting greater than six weeks and a performance of 99.6% against a target of 99%.
24. The Trust met six of the seven cancer standards in June, returning to compliance against the 62 Day Referral to Treatment Standard. The Trust's performance against the 14 Day Standard increased to 92.5%, but was below the target of 93%.

### **Safe and Effective Care**

25. Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) level 1 training for staff continues its steady upward improvement in performance. In July, Level 1 training exceeded the target of 90%. Level 2 training was recently launched, and is showing consistent improvement month on month.
26. There was no significant change in the number of patient falls in July (123) compared to previous months. Of the falls reported, no patient sustained moderate or severe harm. The Trust's Falls Coordinator will continue to work with our clinical divisions, wards and falls champions to promote best practice for falls prevention, and carry out bespoke falls education and training.
27. Inpatient Friends and Family Test (FFT) scores in July were above our target of 95% positive responses, with 96.9% of patients reporting a positive experience, providing assurance on the quality of patient experience.

28. Maternity, Community and Outpatient FFT scores also remain above the local target of 90%, with work continuing to improve the number of patients responding.
29. Patients can now access FFT surveys on our website. A weekly performance report to matrons and ward managers is now in place. This gives the number of discharges versus the number of FFT responses completed, and identifies areas for improvement. Text messaging the FFT survey to patients after appointments has started in a number of clinics.
30. There was a successful Trust-wide rollout of the National Early Warning Score 2 (NEWS2) in late March 2019. NEWS2 is used to score observations to help identify deteriorating patients.

### **Data Quality and Elective Care Recovery Programme**

31. The Trust returned to reporting its planned operation activity (Referral to Treatment data) in January 2019, after a break of over two years. This means we now have robust waiting list management processes on our Tooting site; with the roll-out of iClip to Queen Mary's scheduled for the autumn.
32. There has been a sizeable reduction in the number of patients waiting over 52 weeks for their first treatment from 116 in February down to 7 in June 2019. This is ahead of our planned trajectory and the Trust is on target to report ahead of trajectory for July.

### **Quality and Risk**

33. One never event was reported in July 2019. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. The cause is being analysed to identify learning.
34. There has been a reduction in the number of serious incidents (SIs) reported in the month, with two reported. The target is less than eight per month.
35. The Ward Accreditation Programme (a scheme to improve quality of patient care and increase staff pride in their areas) is now well established. Our Paediatric Intensive Care Unit was the latest to receive a gold award.

### **Quality Improvement culture**

36. In order to achieve our aim of providing outstanding care every time, we need to embed quality improvement throughout the organisation. Our Quality Improvement Academy (QIA) will help us do this.

37. After a successful period building awareness and interest in quality improvement, the team has focused on creating a clear plan for the new coming year. There has been a continued promotion of quality improvement conversations, particularly as part of the Trust's strategy development process and facilitation of CQC readiness assessment workshops.

### **Estates and IT**

38. Last year, we invested a significant amount of money into our IT infrastructure; enabling us to increase network reliability and roll-out iClip (Cerner Millennium) to all inpatient wards at St George's, with plans to extend the same software to Queen Mary's Hospital later this year.

39. This year our capital funding allocation is £27 million which will be invested in our hospital estate at St George's and on upgrading core infrastructure – including fire and water safety, electricity, as well as theatre ventilation.

40. Between April 2016 and March 2019, there were two confirmed cases of legionella infection at St George's. The water at St George's Hospital is safe to use, and we continue to take steps to reduce the risk of legionella bacteria growing in our water system. This includes regular testing and monitoring of the water supply and temperatures. Our extra capital funding will enable the creation of additional water supplies to the site.

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### **Other significant updates:**

#### **Cardiac surgery at St George's**

41. We are continuing to focus on addressing the challenges within our cardiac surgery service at St George's.

42. Mr Steve Livesey, cardiac surgeon, has joined the Trust on a permanent basis. He was initially appointed last year on secondment from Southampton to provide leadership for the service.

43. Mr Livesey is continuing to undertake clinical work as a key member of the team, and his appointment has helped bring further stability to the department.

44. Since joining the Trust in December, Mr Livesey has helped to introduce major improvements for the benefit of our patients and staff - this includes embedding significant governance improvements within the cardiac surgery service, and planning the forthcoming introduction of a new cardiac surgery case management team.

45. In January, we announced a mortality review of patients who underwent cardiac surgery between April 2013 and September 2018. The panel is currently reviewing medical records and examining the safety and quality of care that patients who died during or after cardiac surgery.
46. The panel is reviewing between 200-250 deaths as part of this process, which will be completed by the end of the year. Families and relatives of cardiac surgery patients who died at St George's during the review period have been contacted, and we remain in touch with them.
47. We expect the panel's final report to be published before the end of the calendar year, but will update the committee as soon we know more.
48.  
The well-documented challenges within the service have had a knock on effect in relation to activity levels, which have fallen significantly in recent weeks, and this in turn has financial implications for the Trust which we are addressing. We continue to work closely with NHSI, NHSE and the CQC to ensure our patients receive the best possible care.