

Update report for Merton Healthier Communities and Older People Overview and Scrutiny Panel, 21 November 2023

This report provides an insight into the work of St George's University Hospitals NHS Foundation Trust for scrutiny by the Panel. We have included updates on Trust performance and other key issues.

1. Operational update

- 1.1 Emergency care and pressures
- 1.2 Mental Health patients in our Emergency Department
- 1.3 Elective and non-elective care resilience and recovery
- 1.4 Industrial action update

2. Quality Update

- 2.1 CQC report on Maternity services

3. Children's cancer services

4. Other updates

- 4.1 Proposals for a new Renal Building
- 4.2 St George's – Committed to Equality, Diversity and Inclusion
- 4.3 St George's and Epsom and St Helier hospitals group Strategy

1. Operational update

1.1 Emergency care and pressures

The Trust has been working in close partnership with our community colleagues to develop solutions to address the daily pressures, which have not abated, within our Emergency Department, and importantly to ensure as a hospital and wider integrated care system we have robust plans in place for winter.

- Good progress has been made on several initiatives aimed at reducing the pressure on the front door through either improving on the discharge of patients as close to the date that they no longer require hospital care as possible or by not admitting patients and managing their needs in the community instead. Specific focus has been on:
- Redesigning the St Georges Transfer of Care Team through a series of joint discharge summits with community colleagues over the past few months to move to an integrated model with community staff joining the team on the acute site, with Central London Community Healthcare NHS Trust (CLCH) and Social Care as initial joiners.
- Developing the pathways and capacity for virtual wards which provides our patients with a safe and efficient alternative to hospital bedded care. Virtual wards are in place in Merton & Wandsworth, Croydon, Sutton and Kingston & Richmond, we anticipate that as an increasing number of our clinical teams see the benefits of virtual wards demand (for which we have capacity) will rise

even further. The presence of community colleagues in our Transfer of Care Team will strengthen this. Mutual aid is currently being discussed between Merton and Wandsworth and Sutton to increase the capacity offer to St George's.

- Enhancement of the Same Day Emergency Care (SDEC) services at St Georges which includes pathways for medical, surgical, gynaecology, paediatrics and oncology. The development of our Frailty SDEC has seen significant development which now has increased clinical time into the Emergency Department to treat acutely frail patients which account for a large proportion of our attendances.

St Georges has undertaken several internal reviews of our own processes for admission and discharge to challenge our clinical and operational teams to give assurance that we are doing all we can to reduce the burden on the front door. A senior clinician in triage upon entry to the Emergency Department is currently in place Monday – Friday, with the aim to increase to a 7-day service this winter, to facilitate re-direction of patients to appropriate alternative pathways. That been said, additional challenges have come our way in the shape the implementation of the London Ambulance Service (LAS) 45-minute handover process which was initially piloted in September but has now become business as usual. We are working closely with our LAS colleagues to mitigate the impact of this on hospital processes.

1.2 Mental Health patients in our Emergency Department

We have seen a sustained (25%) increase in the number of patients presenting to our Emergency Departments with mental health issues. This has become a larger trend since Covid. Half of patients presenting with mental health needs in our Emergency Departments have no physical health needs and are experiencing longer lengths of stay primarily driven by longer waits for specialist mental health inpatient beds.

An Emergency Department is often not the right place for someone experiencing a mental health crisis, meaning they may not get the right care and have an unsatisfactory experience.

There is a significant programme of work underway led by SWL St Georges Mental Health Trust with all acute providers, supported by the Integrated Care Board (ICB) to review models of urgent and emergency care for patients with mental health needs. This is considering attendance and admission prevention services and more integrated solutions for assessment when a person is in crisis. Proposed models are being discussed with all acute providers and the outputs of these discussions will be taken through the ICB to agree the change required.

NHS England and the Police have launched “Right Care, Right Person” (RCRP) – a new model seeking to enable more patients who need urgent mental health help to receive it from a healthcare professional in the best possible setting.

There are risks for Trusts from the introduction of RCRP, as less police time and support will be provided to patients and healthcare providers. We are working through these to ensure we have the protocols and staff support in place to manage the changes as best we can.

The degree and nature of risk associated with admissions to ED for those with mental health conditions has also increased. As a consequence, staff are reporting more incidents of absconding, violence and aggression, community placement breakdown, carer strain and complexity of presentation. Incidences of violence and aggression towards staff involving patients with mental health conditions are increasing year by year. A paediatric specialist mental health Clinical Nurse Specialist (CNS) has been in post for 12 months to support children who attend SGH in crisis. The role has been key in building relationships, coordinating timely assessment of CYP and facilitating discharge.

1.3 Elective and non-elective care resilience and recovery

St George's Hospitals perform a broad range of often complex planned operations, along with outpatient clinics and diagnostic procedures. While waiting times for non-urgent treatments are shorter than the national average, there is a significant focus on eliminating waits exceeding 65 weeks by March 2024 and reducing 52-week waits. As of the end of September 2023, there were 47 patients waiting 65 weeks or longer, and 504 waiting 52 weeks or longer. Services have plans in place to facilitate delivery against our trajectory for the year, including additional capacity in cardiology and neurosurgery services, which account for a third of the 52-week wait backlog.

The performance of diagnostic services in terms of waiting times remains strong, with 98% of patients receiving their diagnostic tests or procedures within six weeks of referral in September 2023, surpassing the national ambition of 95%.

Cancer waiting time performance continues to be challenged. In August 2023 (the latest available data), we fell short on six of the eight national cancer waiting time standards relating to waits for first appointments, confirmation of diagnoses, and initiation of first treatments. This shortfall was primarily driven by a sustained increase in demand and capacity constraints in dermatology (skin) service, which is being addressed through additional capacity and a system-wide transformation program aimed at improving resilience in the longer term.

Elective and cancer waiting times have been impacted by industrial action that has taken place over seven months of the year leading to operations being cancelled and re booked and the requirement on strike days to run reduced "Christmas Day" services.

Plans are also underway to create 20 additional Intensive Care Unit (ICU) beds at St George's (including 12 single rooms of which 4 will be isolation rooms). The project has been initiated as part of London-wide expansion of ICU capacity in the context of the recent Covid pandemic and to alleviate a broader mis-match of demand and capacity post-Covid that creates pressures on the General ICU. The scheme will be allocated in the Atkinson Morley Wing car park and is currently scheduled to be completed by Spring 2025.

In the meantime, we are working with partners, including the London ITU network to address ICU bed capacity over the longer term by mapping out the expected demand so that we can work with the wider NHS to determine how we can get to an appropriate ICU bed capacity at St George's and in the south west London sector.

1.4 Industrial action

One of the challenges we have dealt with has been sustained disruption from industrial action. We welcome the talks now taking place between the government and the unions, but there remains a possibility of further strikes to prepare for, as a new ballot has been issued by the British Medical Association.

The Trust's priority has been to work with staff and unions to maintain urgent and emergency care during the strikes over the last eight months, and to minimise as far as possible the impact on planned appointments, operations and procedures.

We have continued to provide key emergency and urgent services on strike days and have worked with the Royal College of Nursing (RCN) and British Medical Association (BMA) and other representative staff bodies to agree locally derogated services (areas exempt from strike action), to ensure patient care and safety has been maintained.

A significant number of planned care – appointments, procedures and operations, for example – had to be postponed to help us safely manage the impact of the strikes and provide emergency care.

We have contacted patients directly if we have needed to reschedule care. As the industrial action continues over a sustained period, it is becoming harder each time to recover from the impact on our elective activity. Over 17,000 appointments across the hospital group have been postponed during this year's strikes and this has added additional financial pressures and slowed down the reduction of our waiting lists.

2. Quality update

2.1 CQC report on Maternity services

As part of the Care Quality Commission (CQC) National Maternity Review programme, the CQC is inspecting all NHS acute hospital maternity services not inspected and rated since April 2021.

The CQC inspects services provided by healthcare providers against five domains – safe, effective, caring, responsive and well-led. As part of the focused inspections, in March 2023, our maternity services were inspected against two domains, well-led and safe.

Following the inspection, the CQC published a [report](#) on 17 August 2023, and downgraded the service to 'inadequate' in safe and well led.

The CQC recognised that women and people using the service said most staff were friendly and explained their care to them, and that there was a culture for improvement within the team. However, in the inspection report the CQC raised concerns about the Triage process, insufficient staffing levels, governance and leadership processes, and mandatory training falling below the Trust's target.

We took immediate action in March 2023 at the time of the inspection to improve our staffing levels and Triage process.

We are taking the findings of the report extremely seriously and accept that the standards on our maternity unit have fallen below what we expect. We are committed to making improvements to ensure those providing and receiving care in our department have the best possible experience.

Actions we have taken to address the concerns in the report include:

- **Improving our governance and processes** - Working with experts from south London Local Maternity & Neonatal System and NHS England, we made changes to follow best practices.
- **Improved patient triage** - We have improved the patient triage assessment process on the delivery suite. Previously, there were three points of entry: the day assessment unit, the birth centre and triage. Now, all patients go to triage to be assessed in one location.
- **Improved risk assessment** - We have taken significant steps to improve our risk assessment process by working with our community and antenatal clinic matrons.
- **Clinical equipment reviewed** - We have undertaken a thorough assessment of all clinical equipment in the maternity department and have removed any equipment not meeting specific requirements from use to ensure the safety of our patients.
- **Staffing** – We have reviewed staffing levels and recruitment to determine the right number of staff, including midwives and support workers, to deliver outstanding care. This has included bringing in over 15 new midwives to our team and 15 further midwives and support workers over and above the number of funded posts to staffing levels are maintained throughout recruitment to any vacant funded posts.
- **Support for our staff** - We are dedicated to taking care of our midwives and nurses throughout their careers. We have put in place extra support for when things get tough. This includes work with The Royal College of Midwives and our Professional Midwifery Advocates, ensuring staff take breaks and are able to have a good balance between work and personal lives.
- **A preceptorship program for new staff** also follows guidelines set by experts in from the Capital Midwife Framework, and it's received a stamp of approval for its quality.
- **Serious incident procedures** - We have looked closely at how we handle serious incidents and made sure that our procedures are in line with national guidelines.
- **Balancing Health Equalities** – We have introduced Language line on wheels which is a live, video translating service to maximise every opportunity for our non-English speaking women to be supported with a targeted approach specific to them and their needs.

Meanwhile, the Trust requested an independent external review of the service as part of NHS England's support programme. Undertaken in collaboration with the Chief Midwifery Officer for England, the Regional Chief Midwife and Obstetrician, the Lead Obstetrician for the Maternity Safety Support Programme and a Maternity Improvement Advisor. The review was undertaken at St George's Hospital in early November 2023. We are looking forward to receiving their report to further inform the improvement agenda for maternity services.

3. Children's cancer services

The future of children's cancer services is changing as NHS England–London is consulting on where a Principal Treatment Centre (PTC) for children's cancer services should be located.

St George's has provided the current Principal Treatment Centre, alongside our partners at the Royal Marsden Hospital, for more than 25 years. Together we provide high-quality care to children with cancer from across South London, Kent, Surrey and Sussex. However, this arrangement must now change, because of a new national requirement for children's cancer centres to be on the same site as a children's intensive care unit – which is available at St George's but not the Royal Marsden.

NHS England are consulting on whether the regional centre should in future be consolidated at St George's, or moved to the Evelina hospital.

St George's view is that we are best placed to provide this regional service because:

- We have 25 years' experience. The expertise built up over these years, and the professional relationships built up between different clinical specialists as they collaborate to treat children with cancer, cannot be easily or quickly replicated overnight.
- We offer the wide range of specialist paediatric services that really matter for children with cancer on site at St George's, including neurosurgery. One in four children with cancer have a neuro-oncological cancer, and sometimes children with cancer need neurosurgical input in an emergency.
- We also offer what families want - parents who have a child with cancer, potentially on immunosuppressants, take them to hospital by car not on public transport. St George's offers a children's cancer centre outside of central London, with dedicated parking spaces directly outside the entrance of our proposed new, state-of-the-art Children's Cancer Centre.
- The clinical staff who care for children with cancer also care for other children. If the PTC moves it will impact other children's services at St George's. Keeping the PTC in South West London avoids this.
- With much of the care already provided at St George's, our proposal involves disruption for fewer services and fewer staff. Of the options available, our proposal involves the lowest capital cost, a better revenue impact, and was assessed by NHS England as better value for money.

We are encouraging as many people as possible to give their views to NHS England through their consultation, available on their [website page](#).

4. Other updates

4.1 Proposals for a new Renal Building

As one of the major improvements enabled by our new hospital group, we are pleased to update you on our plans to bring renal inpatient services, currently

provided at St Helier and St George's, together under one roof and build a state-of-the-art renal unit at St George's in Tooting.

We have received approval from the NHS England and Department of Health and Social Care Joint Investment Committee to go ahead to develop more detailed plans (known as a full business case) and submit a planning application for the new building to Wandsworth Council. These are key steps on the road to delivering this development.

This exciting programme will help to transform the quality of renal care across South West London, Surrey and its borders by allowing us to locate specialist inpatient care in one place while strengthening outpatient services in local hospitals, clinics and at home, where 95% of patients will continue to receive care and treatment.

The new unit, which will be located next to the Atkinson Morley wing, will deliver high-quality inpatient, outpatient, and acute dialysis facilities. This will include inpatient services for people on long-term dialysis, and more complex care for individuals needing specialist surgery such as a kidney transplant.

We have appointed BDP Architects to design the new building, and our proposals have been developed following pre-application meetings with Council planning officers. This follows extensive engagement with kidney patients and our staff in 2021 to ensure the new unit meets their needs. **74% of all respondents** and **79% of kidney patients** who responded thought the proposals were either good or very good. The Kidney Patient Associations of St George's and St Helier also supported the proposals.

During October and into November 2023, we actively engaged with the local community, staff and stakeholders on our plans for the new building, to seek feedback in advance of submitting a planning application to Wandsworth Council.

4.2 St George's – Committed to Equality, Diversity and Inclusion

The NHS is committed to equality, diversity and inclusion (EDI). We know that more diverse organisations are more successful, and we are committed to supporting our EDI goals now more than ever as we come together as a Group.

We have now launched our Group-wide EDI Board to oversee a Group-wide approach to our programmes which will contribute to targeted training, fairer recruitment, better talent management, and an inclusive culture. We have been working hard to make our Group a better and fairer place to work, but we know we have more to do. October was Black History Month, and we held several events as part of this, including our first ever Daphne Steele Day on 16 October – the birthday of the NHS' first black matron who had links with St George's.

4.3 St George's, Epsom and St Helier hospitals group update

We continue to develop our hospital group with Epsom St Helier.

This provides a unique opportunity to pool expertise across our hospital group and create more effective, innovative and resilient services. It will also help us to provide services more efficiently and sustainably for the local people and create greater

career opportunities for our staff. Each hospital will retain its own identity, with a site managing director who can focus on local needs and challenge.

We launched our [five-year Group strategy](#) earlier this year. This strategy, based on engagement with staff, patients and partners including in Merton, articulates the role we want to play as a new Group – acting as a provider of local services in Merton and our other local boroughs, providing specialist services for South West London and Surrey, delivering research and education in partnership with St George's, University of London, and acting as 'anchor institutions' able to have a positive impact on our local communities beyond the delivery of healthcare.

Our strategy recognises long-term challenge we face, of demand for healthcare rising faster than investment. It sets out our view that collaboration (across our hospital group, with local partners including our local councils, and with other hospitals across the region) will be key to meeting that challenge. Our vision for 2028 is to provide "outstanding care, together". We have four aims – our CARE objectives – to guide us and help us achieve this:

- Collaboration and partnership: we aim to integrate services around the needs of our patients, aspiring to be recognised as a national exemplar for collaborative working in health and care.
- Affordable services, fit for the future: by 2028 we aim to be breaking even financially, be on our way to net zero by 2040, modernised key parts of our estate, made strides in adopting digital technology, and be a thriving centre for research and education.
- Right care, right place, right time: by 2028 we want waiting times for our services to be amongst the best in the NHS, and to have an outstanding safety culture – whilst also delivering improvements in patient experience and health inequalities.
- Empowered, engaged staff. Our vision is that by 2028 [gesh](#) will be among the top five acute trusts in London for staff engagement. This will involve getting the basics right for our employees, putting staff experience and wellbeing at the heart of all we do, fostering an inclusive culture that celebrates diversity and embeds our values, developing tomorrow's workforce, and supporting our staff to work differently.