



South London Healthcare **NHS**
NHS Trust

Briefing for Bromley HOSC

June 2010

For verbal update



What is going on?

- **The new Government is looking at all hospital change programmes**
- **We are being asked to revisit some of the processes in line with the new SoS's new criteria**
- **As we await further clarity, we are being advised to continue to plan for implementation**



New Secretary of State

Four criteria to satisfy:

- 1. Support from GP commissioners**
- 2. Strengthen arrangements for public and patient engagement**
- 3. Greater clarity about clinical evidence to support proposals**
- 4. Need to take patient choice into account**



Are we sitting still?

A number of processes running alongside each other:

- **Continue detailed internal planning to allow changes to take place if it's judged we meet the criteria (see next slide)**
- **Commissioners planning to lead on engaging with GP Commissioners**
- **Expecting to seek clarification from three council leaders on any extra measures to strengthen engagement with local democracy**
- **We will be re-stating the clinical case for change over the coming months**



Internal enablers

- **Estates plans on track**
- **Workforce plans on track**
- **Emergency pathway**
- **Productivity improvements**
- **Board is assured of safety**



Proposed timeline (if all goes as planned)

**Elective surgery to Queen Mary's
(Gynae – July, Ortho - August, general – Oct/Nov)-**

QMS Consultant-led maternity closure – Sept/Oct

QMS A&E closure – Sept/Oct

New theatres at QMS:

Mobile theatre (for gynae) – July

2 modular theatres – approx Nov (tbc)



Future model for QMS

Centre for non-emergency hospital care:

- **Planned surgery**
- **24/7 Urgent Care Centre**
- **Ambulatory paediatric unit**
- **Birthing unit**
- **Ante-natal centre**
- **Outpatients**
- **Renal dialysis unit**



The case for change

- **Safer services:** improved outcomes for patients, treated more often by senior consultants and by more skilled and experienced staff
- **Better quality services:** improved A&E services; one-to-one midwife care for every pregnant woman; fewer operations cancelled or delayed; more services available in the community
- **More choice:** new Urgent Care Centre's offer more options for urgent care; three new midwife-led units alongside improved obstetric units increase choice for women, including home births
- **More rewarding careers:** easier to recruit and retain staff; better career development with larger teams; better training and more opportunities for specialisation
- **A bright future for QMS:** A centre for planned surgery, rehabilitation and intermediate care, new renal dialysis unit, plans for local radiotherapy, working with PCT on plans for development of a polyclinic
- **Sustainability:** larger clinical teams ensure service sustainability, placing the health economy on a firm footing for future investment



Objectives for next year

- **Continue progress on quality**
- **Improve efficiency; LoS, day case rates, theatre efficiency**
- **Get to a position of financial stability**
- **Development of local radiotherapy**
- **Implement APOH**
- **First steps towards Foundation Trust status**



SLHT position

Summary first year of new Trust:

- New cross-site divisional structures now in place
- Good clinical progress on HAIs, HSMRs, waiting times
- Stroke care improvements through HASU
- Remain financially challenged



Performance

- **A&E: Hitting targets trust-wide but needs to be sustainable on a site by site basis. QEH remains pressure point**
- **18 weeks: Good performance last year but there are current backlog pressures**
- **Infection: Excellent progress – now in top quarter for England for MRSA**
- **Mortality rates: Good progress, now at 90% ratio**



Emergency pathway

- **New Acute Medical Unit triage ward at QEH modelled on PRU**
- **An Acute Physician of the Day (from one of five newly appointed acute physicians)**
- **New ways of working essential**



Finance

- **Situation couldn't be more pressing .. Three legacy trusts in the bottom six of most indebted trusts in England when we merged**
- **Efforts to restrict use of temp staff starting to have an effect and needs to continue**
- **Already identified approx £1m costs to come out of corporate budget in next 10 months**
- **Progress made with NHS London on agreeing a control total for the year**



In 12 months time

- **Financial debt stabilised and Trust only spending what it earns**
- **Staff in a more comfortable and settled state**
- **More efficiency; lower LOS, more day case rates, better productivity**
- **APOH implemented**
- **Trust looking towards FT application**
- **A Trust that's a credit to South London**