



Wandsworth Health News

April

No 39

All the latest news from St George's hospital -new brooms, but with no extra cash will it be more of the same

St George's is in the midst of getting a new leadership.

Out goes the chair, Sir David Henshaw who increased the hospital's debts from £60m to nearly £80m during his short reign.

Also moving on is the CEO Simon Mackenzie.

They are to be replaced by Gillian Norton who will step up from being a non executive director to chair.

The Chief Executive post will be filled by Jacqueline Totterdell.

Ms Totterdell caused some controversy when she was CEO at Southend hospital.

According to the Basilden, Canvey and Southend Echo

Cash-strapped Southend Hospital handed its former boss a year's salary – despite her only working only six months of her 12-months' notice.

Jacqueline Totterdell was paid between £170,000 and £175,000 in 2014/15, but only worked until October 2014, when she left to join Newark Hospital, in Nottinghamshire.

The hospital said it paid the sum to allow both parties to move on "quickly", but unions have blasted the move as sending "negative signals" to other NHS staff.

The payoff was made in the same year that the hospital's debt soared to £9.8 million.

Sam Older, from Unison, said: "A departing chief executive getting a six-figure salary not to work, sends very negative signals to hardworking NHS employees who are paid a fraction of a chief executive's pay and are often asked to work their notice.

"Unison is fully supportive that the NHS ensures staff are paid contractually, but the issue here is about fairness and equality for staff of all grades."

Mrs Totterdell also received a £20,000 pay rise the previous year, 2013/14, despite the majority of her workforce getting just a 1 percent increase.

So, unions at St George's take note-this is the background to your new governor.

Whatever the merits or not of the new leadership team, the fact remains St George's, like every other NHS hospital is being starved of cash.

Waiting lists are getting longer, operations are being cancelled, targets are not being met. Staff are frustrated and demoralised.

And it is not getting any better.

The NHS needs a massive cash injection if our health service is to be saved

Our NHS well and truly needs you.

St George's financial position worse than last year

The April meeting of the hospital's Trust Board gave a big thank you to the outgoing chair, Sir David Henshaw at his last meeting before moving on.

He was congratulated on turning the hospital around during his short period in charge.

It was a bit like watching the crew of the Titanic thanking the captain for steering them into the iceberg.

Under Sir David's leadership the hospital appears to have gone from bad to worse. Only to be expected given the cash shortage.

St George's biggest problem is finance.

At this time last year, April 2016, when Sir David took over, the hospital was £49m in deficit.

According to this month's Trust Board papers the hospital is now £72m in debt-an increase on last year of almost 50%. Some leadership !

In addition, Sir David predicted that this financial year the hospital would finish just £27 m in debt. How wrong can you be ?

All the back slapping from the board can't hide the fact that Sir David Henshaw's year of tenure was not a financial success.

Let's hope the new brooms can do better.

A good start would be to re-negotiate the Private Finance Initiative deal for the development of the Atkinson Morley wing. Signed back in 2000 the deal doesn't finish until 2039. We are currently paying £11 a year in unitary charges. By completion the charges will be up to £18 a year.

All this for a building which cost £46m.

We have already paid three times what the development cost with over 20 years still to go.

Time for the new brooms to get tough.

Next financial year looks

even worse for St George's-£80m cuts demanded

Given that St George's looks set to end the financial year over £70 m overdrawn-the prospects for next year don't look any better.

The hospital has just taken a capital loan from the Dept of Health for £16.2m which is to be drawn down in the first two quarters of 2017/18.

That will need to be paid back. So not a good start to the financial year.

However the killer is that the hospital which can't balance its books at the moment is expected to make savings of £80m in the next year.

It can't be done and everyone knows it can't be done.

The Trust Board and the Council of Governors need to tell the government in no uncertain terms that more money is needed.

No more cover ups. The public has a right to know just how bad the situation is in our local hospital

Will hospital staff get paid this month ?

This is not a joke.

The April Board papers state,

There is a significant risk that the Trust will have insufficient funds to meet payment demands. The risk has emerged because the trust is

trading at a deficit...unplanned income volatility cannot be managed through timely reduction in related expenditure... shortages of key staff groups lead to higher agency premium spend worsening the financial position... the trust

is struggling to deliver the cost efficiencies planned... the Trust is struggling to collect debts due to data quality and systems/process issues.. the trust has failed to secure funding of £17.6m due to adverse performance and I&E

The market in the NHS shown up for what it is

In 1990, the brainchild of Margaret Thatcher began its workings on the NHS .The market in healthcare was introduced.

The service was split into two,purchasers and providers.

Private companies with an eye on their shareholders profits are increasingly doing work that was formally performed by NHS staff.

One such service at St George's is the Integrated Sexual Health Services. This

The reason given by the Board for the failure to bid was "*limited expertise in tender writing*".

That is what our NHS has become since Thatcher's creation of a market in healthcare.



Until then since its formation in 1948 the NHS was the provider-with the 1990 reform the door was open to private companies to bid for services that were previously provided by the NHS.

In 2013 that door was opened even wider with the Health and Social Care act.

will no longer be provided by the hospital but is to be put out to tender.

Patients will not be made aware of this and neither will they be given any choice in the matter.

Staff in the department were only informed in February.

NHS employees are no longer employed to help sick people but to write contracts instead.

Since 1990 bureaucracy in the NHS has increased at a phenomenal rate-all just to service the market.

If the market was abolished as proposed in the NHS Reinstatement Bill, billions could be saved and used for front line services.

Vacancy rate worse at St George's than other London hospitals

The aim of the Trust Board is to keep the vacancy rate for staff at the hospital at 11% or below.

That has been the aim for years.

It has never been reached.

In February it reached an all time high of 18.90%

Because of the cost of accommodation it is difficult

to recruit NHS staff in London. And that is not helped when hospitals like St George's sell off staff accommodation in order to balance the books.

Having said that the hospital is worse than other London hospitals in its vacancy rate.

The average London figure is 12.5%.

Of course having a high vacancy rate can save money. Salaries are the biggest part of the hospital's expenditure.

But subjecting staff day after day to working unpaid overtime to make up for the work of their missing colleagues is not good for moral.

St George's staff unhappy at work

Given the pressure of working extra hours to cover for absent colleagues, because of the high vacancy rate, it is no small wonder that staff at the hospital would not rec-

ommend it as a place to work.

The approval rating of St George's as a workplace by staff dropped from 50% to

37% according to the April Trust Board papers.

At the NHS Annual Staff Survey last year the figure was 52%

Confidence in the hospital as a place for treatment declines

Given all the other factors mentioned, lack of resources, unhappy staff, etc it is no surprise that St

George's workers have less confidence in their hospital as a place for treatment..

Confidence ratings slipped from 79% to 73% in the early part of the year.

Referral to Treatment

The target for first GP referral to hospital treatment has been missed for some time. So much so that the hospital not longer reports the figures.

A report to the Trust Board revealed that because of incorrect reporting two patients had come to serious harm because of a delay in making a follow up appointment.

To correct all patient records and update the Referral to Treatment Program will cost over one million pounds and take from four to six months.

Less beds at St George's than in previous years

The Trust Board were told at the April meeting that there were less beds available than in previous years. This was

causing delays in the flow of patients from A&E. The target for the bed occupancy rate which is 85 %

was again missed. A check revealed that St George's had 92.4% of beds occupied



Join the fight back to save our NHS from cuts and privatisation.

Contact Keep Our NHS Public

<https://keepournhspublic.com/>

Annual NHS Staff Survey reveals bullying and harassment still rife at St George's

Despite the attempts of the hospital management to stamp it out bullying and harassment is still a major issue at St George's.

The latest figures from the 2016 Annual NHS Staff

Survey show that almost a third of staff at the hospital claim to have suffered bullying and harassment at work. 32% in all compared to an average of 23% for other hospitals.

In response to this alarming figure the Trust Board is to renew its policy on harassment and bullying and to further publicise its strategy.

Wandsworth Keep Our NHS Public

Meets Second Monday in the month 7.30pm

PCS Building at Clapham Junction Station

Entrance via the station car park

St George's Risk Register

Every hospital has a Risk Register which is updated at regular intervals.

St George's has a whole number of what are referred to as 'significant risks',

which if not resolved could affect the hospital's status.

Significant risks are from 15-25 on a scale of 1 to 25.

Printed below are most of the significant risks the hos-

pital faced at the time of the April Board meeting.

The list is reprinted from the Trust Board papers.

Most of these risks could be eliminated if sufficient funds were made available

- Increasing 18-Week RTT backlog with potential for clinical harm 20*
- Below target 2-week wait performance 16*
- Below target 62-day cancer performance 15*
- Failure to arrange follow-up appointments or treatments (where clinically required) 16*
- Below target ED 4-hour performance 20*
- Recognising, escalating and responding to the sign of deteriorating patient 20*
- Unsuitable environment of care (Renal Unit, Lanesborough OPD) – risk of premises closure, prosecution, fire 16*
- Potential unplanned closure of premises / non-compliance with estates or Fire legislation 20*
- Bacterial contamination of water supply (Legionella, Pseudomonas)20*
- Inability to address backlog maintenance requirements 20*
- IT storage: unrecoverable IT system downtime (effecting critical clinical, web and email systems) 25*
- Vulnerability to computer virus or attack 20*
- Inability to renew and repair clinical areas due to high bed occupancy and no decant options 20*
- Insufficient CIP delivery in 2016/17 20 CIP =Cost Improvement Program*
- Insufficient cash to meet payment demand 20*
- Lack of access to capital to address in-year IT, Estates and equipment replacement cost pressures 20*
- Potential loss of income due to bidding for newly tendered services being unsuccessful 15*
- Inability to control agency staffing and associated staffing costs 20*
- Risk of failure to deliver the financial control total 20*
- Inability to meet regulatory requirements due to financial system and process failure 16*
- Failure to come out of special measures by the next CQC inspection 20*
- Failure to recognise, communicate and act on abnormal clinical findings 16*
- Fragmented electronic and manual patient records 20*
- Unsustainable levels of staff turnover 15*

Main issues raised at the St George's April Trust Board meeting

- St George's overdrawn by £72m
- £16m loan agreed to hospital by Dept of Health
- Next year hospital must make £80m cuts
- Non payment of staff identified as significant risk
- St George's not to bid for Integrated Health Services because of 'limited expertise in tender writing'
- Vacancy rate hits 18.9%
- Vacancy rate at London hospitals 12.5%
- Just 37% of hospital staff like working there. Down from 50%
- Confidence in hospital as a good place for treatment according to staff down from 79% to 73%
- Less beds at the hospital than in previous years
- Bed occupancy target 85%. St George's bed occupancy 92% despite bed closures
- According to Annual Staff Survey almost one in three of St George's staff suffered bullying and harassment at work. 32%
- In response to bullying and harassment figures Board to review its strategy.
- Referral to Treatment Figures no longer given
- Referral to Treatment data to cost over a million to update and take between four and six months to complete.
- Two patients came to serious harm because of Referral to Treatment failure
- Jacqueline Totterdell appointed as new Chief Executive
- Gillian Norton becomes the new Chair
- Hospital still faces a whole number of 'significant risks'