

## Wandsworth Older People's Forum

**Ricky and I attended the St George's workshop on Strategy on 19 July.** There were 8 patients and public plus a Governor(for the rest of England) and 4 insiders from St George's Strategy and Quality department. The invitation went to the 21,500 members or those who have given an e-mail. There were three meetings for patients and public so it seemed a small response for this one. However it was a good number for a discussions and having described who we all were we were taken through a SWOT analysis with the person convening ensuring everyone was invited to speak on each part.

We were told of the recently published CQC report of an unannounced visit to St George's Trust in May 2018 which rated some departments good but the whole trust required improvements which is significantly on the road of improvement from the previous report of Inadequate which resulted in the Trust being on Special Measures.

The Trust is planning a Strategy for the next five years and is going through a period of first consultation with patients and public, these three meetings for members, patients and public and others with staff.

**SWOT analysis**(summary a report will appear in August)

**Strengths** . . .good on operational, ie clinical care, but not on organisational ie bookings. Someone said she appreciated being seen on Sat morning.

**Weaknesses** . . . Someone said **24hrs on A and E** was a weakness and showed the management seeking public acclaim rather than sorting out weaknesses. Another that the frequent changes of senior, top, staff over the last few years gave a poor picture of the Trust. Turnover of staff last year 40% but is now about 16%. In receptions staff often are talking between themselves rather than welcoming clients. The threats of closure of Epsom and St Helier hospitals and a new hospital built on the Sutton Hospital site beside the Royal Marsden which was building an extension was said to be real and imminent although other statements from SW London Partnership mentions it as to be thought about in the future.

**Opportunities** . . . The outsiders said don't have staff being downhearted about the required improvements but concentrate on the work of improving and get to outstanding. There was a discussion of the Walk-in clinic which was closed and people are to go to A and E where they are triaged to majors or minors but the public don't necessarily know that. There was a discussion about the size of the hospital... was it too big? It is now in three divisions. St George's wish to divest itself of community health services and have for district nursing but some parts such as podiatry and work with homeless and refugees have not gone with nursing to Central London Healthcare and remain with ST George's.

**Threats** . . . IT can be a treat which needs resource to manage. It is thought departments go off on their own. Ricky said there is inertia about following central strategies. There are problems for first contact. Staff should make sure that clear information is given as staff and/or potential patient may not have English as a first language. Information should be written and sent to patients. There was a complaint about information re an appointment being sent dated after the appointment.

There will be an analysis of the responses of this round of consultation sent out in August and there will be further meetings before a final strategy is drawn up to be ready for next March.