

## REPORT TO THE TRUST BOARD – 30 January 2014

<b>Paper Title:</b>	Chief Executive's report
<b>Sponsoring Director:</b>	Miles Scott, Chief Executive
<b>Author:</b>	Peter Jenkinson, Director of Corporate Affairs
<b>Purpose:</b> <i>The purpose of bringing the report to the board</i>	To update the Board on key developments in the last period
<b>Action required by the board:</b>	For information
<b>Document previously considered by:</b> <i>Name of the committee which has previously considered this paper / proposals</i>	N/A
<b>Executive summary</b> <i>Key points in the report and recommendation to the board</i> <p><b>1. Key messages</b> The paper sets out the recent progress in a number of key areas:</p> <ul style="list-style-type: none"> <li>• Quality &amp; Safety</li> <li>• Strategic developments</li> <li>• Management arrangements</li> </ul> <p><b>2. Recommendation</b> The Board is asked to note the update and receive assurance that key elements of the trust's strategic development are being progressed by the executive management team.</p>	
<b>Key risks identified:</b> <i>Are there any risks identified in the paper (impact on achieving corporate objectives) – e.g. quality, financial performance, compliance with legislation or regulatory requirements?</i> <p>Risks are detailed in the report under each section.</p>	
<b>Related Corporate Objective:</b> <i>Reference to corporate objective that this paper refers to.</i>	All corporate objectives
<b>Related CQC Standard:</b> <i>Reference to CQC standard that this paper refers to.</i>	N/A
<b>Equality Impact Assessment (EIA): Has an EIA been carried out? Yes</b> <b>If yes, please provide a summary of the key findings</b> No specific groups of patients or community will be affected by the initiatives detailed in the report. Where there may be an impact on patients then consultation will be managed as part of that specific programme. <b>If no, please explain you reasons for not undertaking an EIA.</b>	

## 1.0 Quality and patient safety

### 1.1 Care Quality Commission (CQC) Re-inspection

Work continues in preparation for the forthcoming Chief Inspector of Hospitals inspection in February. The Risk and Compliance report summarises progress in the Trust's response to the findings of the August inspection and the development of the Trust's Compliance Framework, by which divisions will be required to self-certify their level of compliance with CQC standards on a quarterly basis. This will form an important part of the divisions' performance reviews.

The Trust's programme of Quality Inspections continues, including out-of-hours inspections and community locations as well as acute. Feedback from these inspections are routed through the divisional management structure to ensure that any improvements required are implemented.

### 1.2 The Improvement Programme

The trust Improvement Programme is entering in to its seconding year. Further discussions in relation to the structure, purpose and function of the programme have taken place, taking into account lessons learned from year one. The paper attached at appendix b summarises the discussion and agreement reached at EMT. Option one was agreed as the preferred model.

## 2 Update on strategic issues

### 2.1 2013/14 Capacity Plan

Implementation of the capacity plan for 2013/14 is nearing completion, with Caesar Hawkins open alongside 15 additional beds in St James's Wing open. The surgical admissions lounge opened on schedule in early January. Five additional cardiac beds and six critical care beds are due to open in early February.

The trust has benefited from a substantial injection of winter funds. These have come from Wandsworth CCG, NHS England and the Department of Health, agreed in three phases. The last phase was agreed in December 2013. This additional money has enabled the trust to improve staffing levels in the ED, improve the speed of specialty review, improve flows through medical and surgical beds and help people get home more quickly after an admission. We have used some of the funding to work with SW London & St George's Mental Health Trust on better meeting the assessment and treatment needs of people with acute mental health problems in the ED. Funding has also been made available to social care and community services in Wandsworth and Merton to allow people to access services that can prevent admissions to hospital and to get home more quickly, including at weekends. Most of these new and additional services are now in place, although as some funding was agreed shortly before Christmas, a small number are still being implemented. It is important to be clear that the additional funding is not recurrent, and that some of the services we have put in place to meet the pressures and demands of the winter period will not continue after March 2014.

In addition to using additional funding made available to assist with winter pressure, we are continuing to work with the DH's Emergency Care intensive Support Team to improve our own processes to help further with managing the demand pressures currently being placed on us.

For the last month, the work we have been doing as a result of improving processes across the whole system has substantially improved our performance for the benefit of our patient

### 2.2 The Better Care Fund

In the summer of 2013, the government announced the establishment of the Better Care Fund, previously called the Integration Transformation Fund. This fund is intended to be used across health and social care to reduce the need for people to be admitted to hospital and/or institutional

care. In 2014/15, the fund will be a small increase on the funding currently used jointly between community health and social care services for this purpose. In 2015/16, however, the fund increases substantially to £3.8bn nationally. The Better Care Fund is not new money; funds will be topsliced from CCG allocations and placed under the control of local health and wellbeing boards, which are made up of representatives from the NHS and local authorities. Locally, this means that about £20m will come from Wandsworth CCG and £12m from Merton. Local health economies must submit their first cut plans for 2014/15 and 2015/16 in mid-February, followed by more definitive plans in April. These plans must demonstrate how very specific performance indicators will be met, and these include reducing emergency admissions, delayed transfers of care and admissions to residential or nursing home care. The Better Care Fund is both an opportunity and a threat to St George's: if successful, then fewer people will need admission to hospital or institutional care where both money and capacity are constrained; if not successful, then acute providers may lose income without a concomitant reduction in demand. We are working closely with CCGs and social care in both Wandsworth and Merton to ensure that we are collaboratively developing plans that are effective in achieving their aims.

### 2.3 Developing services for South London and beyond

#### 2.3.1 Better Services, Better Value (BSBV) (Trudi Kemp)

The pre-consultation business case (PCBC) for BSBV was assured by NHS England (London) in September. Since then, the GPs in Surrey Downs CCG have decided that they do not support the proposals for consultation and so have withdrawn from the BSBV programme. This means that consultation on the current proposals cannot take place. The six SW London CCGs are clear that the case for change in the provision of services in SW London remains, and will be drawing up a new set of proposals as to how the recommendations of the clinical working groups can be implemented and thus the health economy can achieve improved quality and sustainability. It is expected that the CCGs will communicate their planned next steps in the early February.

### 2.4 Academic Development

#### 2.4.1 Education

The annual quality liaison visit by Health Education South London (HESL) took place in November 2013. Overall the feedback was positive with a small number of issues of concern raised. We are currently awaiting the formal feedback report which will be addressed by action plan.

We have been successful recently in achieving a number of awards and bids via HESL. Education and Development received a Widening Participation award for the introduction of a work placement programme for young people with learning disabilities. Midwifery received an award for using women's stories to improve care and communication in obstetrics and midwifery. An innovation award was also received by one of our consultants to pilot community placements for doctors in training. We have bid for funds to establish a mental health training programme for registered nurses in collaboration with King's College London. Staff will be provided placements at South west London and St George's Mental Health trust to gain practical experience. We have also bid for funding to roll out a multi-professional case based learning programme for students in the clinical setting and for funding for a simulation programme to enable dental teams in the community to deal with health emergencies. We have received provisional notification of success.

The new Dental Simulation suite opened on December 5<sup>th</sup> 2013. With 13 dental heads it is the second largest facility in London and the most modern. The facilities will be available for postgraduate trainees and community dentists. On the back of the excellent progress that the dental team have made with postgrad training St George's has now been nominated as one of two dental hubs for south London.

### 2.4.2 Research strategy

Recruitment to NIHR portfolio adopted studies increased by 40% in the recruitment year 12/13 compared to the previous year (27,373 weighted recruitment vs 19,545). It is anticipated that the total recruitment target of 3560 for the current financial year will be met.

The implementation of the Trust Research Strategy continues; the research sabbatical panel has met and agreed the allocation of research sabbaticals. There were 12 applications (5 from AHP/Nurses) and 4 were agreed, with 2 conditional agreements. We are in the process of notifying the successful applicants and working with the others to refine the projects for future funding.

The focus for the JREO and performance manager in the third quarter of 2013 has been to: work with Principal Investigators and consultants to improve study performance on national indicators and to translate that information to divisional level; continue managing staffing issues within research facilities and the dissemination of the research strategy. An external consultant has been recruited to oversee the transition of the management of the Clinical Research Facility from SGUL to the Trust and good progress is being made.

The R&D Finance team are in the process of reviewing completed research accounts. This is part of the wider improvements to financial reporting for commercial and non-commercial research projects to enable more accurate tracking of income and activity. This is necessary to increase transparency for individual research accounts, to enable investigators to use funds for on-going research activity and to allow the Trust to have a greater understanding of research income.

### 2.4.3 Health Innovation Network (HIN) - formerly known as the South London Academic Health Science Network (AHSN)

Good progress continues on workstreams within the HIN. The Patient Experience theme was launched in November 2013. At this meeting providers and service users from across health and social care gathered to design the best patient experience network for South London and to start to shape the workplan. Task and finish groups in Diabetes are working on implementation plans for delivering better access to structured education and another one on insulin pump therapies. Since the clinical launch in September, the Musculoskeletal (MSK) team have been interviewing and meeting with people in order to build the bigger picture of current MSK services across South London and formulate the issues that need to be addressed. The Dementia clinical theme will be launching on 12 February 2014.

We were delighted that the excellent work of the Trust was recognised in the inaugural South London Innovation and Recognition Awards. The awards were introduced to acknowledge those who have made significant impacts in the way care is provided and the patient experience. St George's was delighted to receive three awards:

- Widening Participation Initiative of the Year – for the work on the Education and Development Team
- Innovation award for 'Building Understanding in Integrated Healthcare: A pilot project in community based integration within Core Medical Training'
- Innovation award for 'Listening to Learn: Using women's stories to improve care and communication in obstetrics and midwifery'.

### 2.4.4 Strategic Alliance with King's Health Partners Academic Health Science Centre

As reported previously, the early success of the collaboration between the members of King's Health Partners, St George's, University of London and the Trust, has been the bid for a South London Collaboration for Leadership in Applied Health Research and Care (CLAHRC). Good progress is being made on setting up the CLAHRC, which went live in January 2014. A key step

has been the establishment of the appropriate governance structures, and I was delighted to chair the first meeting of the CLAHRC Board on 23<sup>rd</sup> January 2014.

## 2.5 Foundation Trust (FT) application

The Trust made its formal submission of documentation to the NTDA on 18<sup>th</sup> December 2013. This included letters of support from key stakeholders including Wandsworth CCG, Wandsworth Local Authority, Merton CCG and NHSE Specialised Commissioning. This was a key milestone for the Trust in the FT preparation phase.

The next key milestones for the organisation are:

- 28<sup>th</sup> January: Executive to Executive meeting with the NTDA to ensure the Trust is ready to proceed to the final Board to Board meeting with the NTDA
- 26<sup>th</sup> March: Board to Board meeting with the NTDA, for the NTDA to formally assess the readiness of the Trust to be referred to Monitor for assessment
- April: The NTDA Board will consider the Trust's application and confirm whether the Trust can be referred to Monitor for their assessment process
- 1<sup>st</sup> May: referral to Monitor for assessment, if approved by the NTDA Board in April

The Trust held its first induction event for the Council of Governors on 16<sup>th</sup> December 2013, and further events are planned in the first quarter of 2014. The first full meeting of the shadow Council of Governors will be arranged for spring/ early summer 2014, prior to FT authorisation.

## 2.6 Workforce strategy

### Listening into Action

Listening into Action moves into its second year in 2014. It continues in its aim of achieving a fundamental shift in the way we work and lead, putting clinicians and staff at the centre of change for the benefit of our patients, our staff and the trust as a whole.

During 2013 we achieved the following:

- Pulse check – March/April, over 1400 responses
- Big Conversations – April/May/October, over 400 attendees
- 8 themes identified
- 10 teams recruited
- 7 longer term projects initiated
- Pass it on Event – December

Eight teams completed their 12 week challenges, with the following particular successes:

Team	Achievement	Outcome
Cardiology (Queen Mary's)	Physiologist-led murmur clinic to speed up reporting and free up consultant time	Same day reporting, reducing waiting times from up to 5 weeks
Portering	<i>Golden Rules</i> for administering portering bank systems	Dedicated bank staff overseeing portering bank
Theatres	Big Conversation involving over 120 theatres staff, looking at theatre efficiency and starting on time	Weekly list lockdown in orthopaedics and plastics
Acute pain management	One service to manage all inpatient pain	Joined up chronic and acute pain management; accessible pain management algorithms for all staff
Pharmacy	Improved communication and information	Improved mentoring programme; introduction of staff forums

Team	Achievement	Outcome
Maternity	Defined roles and responsibilities within the maternity workforce	Band 7 Midwives Leadership Development Pack; extended roles for Band 6 Midwives; new role of Midwifery Support Worker
Neurosciences	Values awards for neurosciences teams and individuals	New method of simulation-based values training
Cardiac surgery	Review of all admission criteria, complimented by a new protocol	On the day admission for the 2 <sup>nd</sup> on the list

The Pass it on Event in December 2013 was well attended and provided an opportunity for these teams to share their successes with colleagues and notably the new teams who will be adopting Listening into Action into their areas in 2014.

We have reviewed and refreshed the sponsor group, recruited 7 new teams to take up the Listening into Action approach. We hope to launch a new service for staff – a listening and signposting support service, covering a range of issues and concerns, to complement those systems and services already available. We are planning a further series of Big Conversations in April 2014 and are currently conducting the second pulse check. We will make comparisons between the two checks to establish what improvements there have been as a result of Listening into Action

### 3.0 Other matters for the board to note

#### 3.1 Electronic Document Management and Workflow Programme

The business case for a trust wide electronic document management and workflow (EDM) programme was approved at the September 2012 meeting of the Trust Board.

The electronic document management process will be utilised in selected paediatric outpatient clinics this month and subject to passing the paediatric gateway review and project board approval will be deployed in paediatric outpatients from February 2014.

Radio Frequency and Identification (RFID) tracking scanners has now been commissioned.

#### 3.2 Clinical Systems Procurement

The outline business case for the procurement of clinical information systems for acute, community and clinical portal technologies was approved at the May 2013 meeting of the Trust Board. The outline business case has been approved by the NHS Trust Development Authority.

The evaluation process to identify a preferred supplier for the Acute and Community Clinical System providers and the associated hosting arrangements are now complete.

The preferred supplier of acute information system provision and data hosting is Cerner. The preferred supplier for community information system provision is CSE (RiO) and the preferred supplier for community data hosting is Capita.

A full business case is presented to the Board for approval at this (January 2014) Board meeting prior to submission to the NHS Trust Development Authority (NTDA) for final approval.

### 3.3 Communications

#### New surgical admissions lounge

This new facility opened in early January. It is an important part of our capacity plan for the winter and will make a major contribution to improving patient experience across our surgical departments. It is a purpose-designed space for patients to wait before surgery comprised of a

large, comfortable waiting area, 11 consulting rooms, single sex changing and waiting areas and a single sex discharge and recovery area.

#### **Helipad**

Work is continuing on the helipad and is due to be completed and operational on the 31<sup>st</sup> March. The helipad will make us one of two trusts in London to have a helipad and will enable us to care for patients who need emergency care from London and surrounding counties.

#### **Pioneering heart surgery:**

A pioneering new heart valve that can be placed inside a patient without the need for open heart surgery has been used for the first time in the UK by a cardiologist and a heart surgeon at St George's.

#### **Project SEARCH:**

This programme is designed to provide students who have learning disabilities with the practical skills to help secure permanent employment. Working in collaboration with Hammersmith and Fulham Action on Disability (HAFAD) and Merton Council, the Trust currently employs four people working in support service roles including administration, catering and portering.

#### **Record kidney transplants:**

The Renal Unit carried out the most kidney surgeries in a calendar year in 2013. There were 140 single kidney transplants and 5 dual kidney transplants in total.

#### **Press coverage:**

The trust has continued to be featured positively in local, regional and national media. Recent examples include:

- The *Evening Standard* and BBC London interviewed a woman whose life was saved after doctors at St George's identified and successfully removed a brain tumour.
- The *Evening Standard* also featured a life-saving treatment for trauma injury victims being pioneered at St George's.
- The *Daily Mail* is scheduled to cover a patient who underwent a pioneering heart surgery at St George's (subject to the patient's recovery).
- BBC London interviewed St George's gastroenterologist Richard Pollok to be used in a report on bowel surgery.
- *Dispatches* (Channel 4) interviewed surgeon Robin Hinchcliffe on sugar addiction.
- BBC Breakfast and BBC London interviewed vascular surgeon Stephen Black about new surgical procedure involving deep vein thrombosis.

**Appendix A:****1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING**

Headline outcomes for the Equality Delivery System (EDS)

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
				July 2013
<b>1.1 Who is responsible for this service / function / policy?</b> Various services covered, all accountable to CEO				
<b>1.2 Describe the purpose of the service / function / policy?</b> <i>Who is it intended to benefit? What are the intended outcomes?</i>				
<b>1.3 Are there any associated objectives?</b> <i>E.g. National Service Frameworks, National Targets, Legislation, Trust strategic objectives</i> All Trust corporate objectives				
<b>1.4 What factors contribute or detract from achieving intended outcomes?</b> Risks detailed in the paper				
<b>1.5 Does the service / policy / function / have a positive or negative impact in terms of the protected groups under the Equality Act 2010. These are Age, Disability ( physical and mental), Gender-reassignment, Marriage and Civil partnership, Pregnancy and maternity, Sex /Gender, Race (inc nationality and ethnicity), Sexual orientation, Religion or belief and Human Rights</b>  No				
<b>1.6 If yes, please describe current or planned activities to address the impact.</b>				
<b>1.7 Is there any scope for new measures which would promote equality?</b>				
<b>1.8 What are your monitoring arrangements for this policy/ service</b>				
<b>1.9 Equality Impact Rating [low, medium, high]</b> Low				
<b>2.0. Please give you reasons for this rating</b> No specific groups of patients or community will be affected by the initiatives detailed in the report. Where there may be an impact on patients then consultation will be managed as part of that specific programme.				