St George's Healthcare NHS
NHS Trust

REPORT TO THE TRUST BOARD – 27 March 2014

<table>
<tr><td>Paper Title:</td><td>Chief Executive's report</td></tr>
<tr><td>Sponsoring Director:</td><td>Miles Scott, Chief Executive</td></tr>
<tr><td>Author:</td><td>Peter Jenkinson, Director of Corporate Affairs</td></tr>
<tr><td>Purpose:

The purpose of bringing the report to the board</td><td>To update the Board on key developments in the last period</td></tr>
<tr><td>Action required by the board:</td><td>For information</td></tr>
<tr><td>Document previously considered by:

Name of the committee which has previously considered this paper / proposals</td><td>N/A</td></tr>
<tr><td colspan="2">Executive summary

Key points in the report and recommendation to the board

1. Key messages
The paper sets out the recent progress in a number of key areas:

• Quality & Safety
• Strategic developments
• Management arrangements

2. Recommendation
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.</td></tr>
<tr><td colspan="2">Key risks identified:

Are there any risks identified in the paper (impact on achieving corporate objectives) – e.g. quality, financial performance, compliance with legislation or regulatory requirements?

Risks are detailed in the report under each section.</td></tr>
<tr><td>Related Corporate Objective:</td><td>All corporate objectives</td></tr>
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Reference to corporate objective that this paper refers to.	
Related CQC Standard: *Reference to CQC standard that this paper refers to.*	N/A

Equality Impact Assessment (EIA): Has an EIA been carried out? Yes

If yes, please provide a summary of the key findings

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.

If no, please explain you reasons for not undertaking an EIA.

1.0 Quality and patient safety

1.1 Care Quality Commission (CQC) - Chief Inspector of Hospitals inspection

The Chief Inspector of Hospitals inspection went ahead in February, as planned. Verbal feedback at the end of the inspection was positive, but the final report will not be published until the Quality Summit meeting on 22 April. In the verbal feedback the CQC highlighted two areas for action: further development of divisional risk registers and the investigation into several individual concerns raised by staff during the inspection involving bullying or harassment. Both these actions are being taken forward, through the Organisational Risk Committee and the HR department respectively.

The Risk and Compliance report summarises progress in the development of the Trust's Compliance Framework, under which divisions are 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 has been revised in terms of structure, purpose and function of the programme, taking into account lessons learned from year one. The team has appointed to all its vacant posts and also been restructured to include 10 seconded project support change managers who will not only provide necessary additional project resource, but increase the knowledge and culture of our improvement philosophy across the Trust.

This year, the improvement programme is more transformational in its approach and is primarily focussed on creating capacity, through improving patient flow and theatre utilisation. These two programmes are being run trust-wide, and build upon the lessons of the pilot projects run in year one with the support of GE Healthcare, as well as taking into account feedback from the Emergency Care Intensive Support Team (ECIST) and an evidence-based approach from other Trusts who have gone through similar large-scale changes. The programmes will be kick-started using a methodology known as the Perfect Week. This approach uses the command and control approach of an emergency plan and focuses on direct management and support services provision to clinical operations across the entire Trust. This initiative aims to generate energy for change by doing things differently to support patient flow and consequently improve patient experience, safety and staff morale in an intensive manner.

In addition to the two key creating capacity programmes, the team are working on a number of clinical innovation projects as well as integrated care pathways (ICP), such as chronic heart failure and breast screening. Finally, GE Healthcare have completed their contract

with the Trust in the delivery of the Rapid Change Project and ICP methodology knowledge transfers.

2 Update on strategic issues

2.1 2013/14 Capacity Plan

Capacity has remained challenging in the last quarter of 2013/14 despite winter funding made available to improve staffing and flow in ED, winter beds, supporting discharge and more services available at the weekend. The numbers and the acuity of emergency admissions have remained high through the last quarter which has meant that bed occupancy is also high and ED performance has suffered.

In addition to using additional funding made available to assist with winter demand, 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 being placed on us. As the winter funding was all non-recurrent, we are now working with commissioners and the Urgent Care Working Group to determine what needs to remain in place into 2014/15.

Capacity is predicted to be tight again in 2014/15. The options for additional physical bed capacity are more limited for the next year than they were this year. We anticipate the need to keep Caesar Hawkins ward open throughout the summer and are also exploring options for step down beds with a number of providers in the local area. The Improvement team plans for creating capacity, starting with 'The Perfect Week' going on now will be crucial to our ability to meet demand in the next year.

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 top sliced 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 have submitted their first cut plans for 2014/15 and 2015/16 in mid-February and these will be 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 presents both an opportunity and a risk 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)

The Better Services Better Value Programme has now been formally closed as it has not been able to identify options that are both sustainable and supported by commissioners.

The six SW London CCGs are clear that the case for change in the provision of services in SW London remains, and have now established a SW London Collaborative Commissioning Programme to work towards a new set of proposals for improving the quality and sustainability of health services in SW London. We remain committed to working closely with our commissioners and partner providers on this.

2.4 Academic Development

2.4.1 Education

Following receipt of the formal feedback from the HESL quality visit in November 2013, action plans are now under development in several areas.
Our undergraduate medical education was informally visited by SGUL in March 2014. Whilst in some areas there is a clear need for improvement there was also feedback on the excellent quality of clinical teaching in the organisation. The Trust remains committed to improving the quality of the undergraduate teaching and is in the process of appointing Divisional Undergraduate Leads whose priority will be to tackle areas within their Divisions where concerns have been raised

Our recent bid to establish a mental health training programme for registered nurses in collaboration with King's College London has been confirmed and planning is underway for the programme to start in July 2014. The project is felt to have real benefits in enhancing patient care whilst also reducing costs of 1:1 nursing for patients who are vulnerable and / or displaying challenging and aggressive behaviour. We have also been successful in bidding for funding to roll out a multi-professional case based learning programme for students in the clinical setting. This funding will be made available in 2014/15 financial year.

Planning is underway to establish a number of Clinical Teacher posts to support the quality of non-medical undergraduate training using the new NMET placement tariff.
Despite the difficulties of releasing staff from clinical settings the Trust has successfully spent the 13/14 CPD allocation for non-medical staff in the organisation. A second allocation of CPD funding was received in Q4 which has a broader application within the trust.

2.3.2 Research strategy

There was a substantial increase in weighted recruitment to NIHR portfolio adopted studies in recruitment year 2012-13 compared to 2011-12, from £19,545 to £27,373. The highest recruiting specialties were: Reproductive Health and Childbirth; Stroke; Cancer; and Genetics. In the current year, we have exceeded our recruitment target (3,560) already (at 3,617).

There has been an increase in commercially sponsored studies at St Georges, with 6 studies opened in 2013 Q3 compared to 11 already in Jan-Feb 2014

The new South London Clinical Research Network (CRN) have confirmed that research funding for the first 6 months of 2014/15 will be at the same level as last year, providing some stability as the funding model transitions from the CLRN to the new South London structure. This is disappointing for St George's as the significant increase in recruitment has not translated into an expected increase in funding.

As part of the CRN restructure, six research divisions have been established in South London. Two of our consultants have been appointed as Directors of the new Divisions (2 and 6) in South London.

The implementation of the Trust Research Strategy continues and five research sabbaticals were awarded.

The focus for the JREO and performance manager in the fourth quarter of 2013 continues to be working with Principal Investigators and consultants to improve study performance on national indicators, to plan for possible budget reductions, to continue managing staffing issues and the dissemination of the research strategy. As part of this the management of the Clinical Research Facility will move from the University to the Trust.

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.

2.4.2 St George's University of London (SGUL)

The Trust is continuing dialogue with SGUL about ways in which to maximise the potential for the two organisations to work more closely together.

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

Good progress continues on developing the workstreams within the HIN and the supporting infrastructure. The Dementia clinical theme was launched on 12 February 2014, and the launch event for Alcohol, the last clinical theme to be launched, will take place in early May.

The HIN has submitted its Business Plan for 2014/15 to NHS England for approval, with a focused approach to delivery. In order to further support delivery, ten project managers have recently been appointed, and a process is in train to recruit two Innovation Fellows. In line with the national expectation, the HIN is also in the process of requesting subscriptions from members, to strengthen the resource base.

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

Good progress is being made on establishing the Collaboration for Leadership in Applied Health Research and Care (CLAHRC), which went live in January 2014. Key governance structures are in place with a Board, Executive Group and Operational Group and individual themes are being progressed. It is planned to hold a formal launch in July 2014 to showcase the work to date and future potential.

2.3 Foundation Trust (FT) application

The Trust had its Executive to Executive meeting with the NTDA on 28th January. The purpose of this meeting was for the NTDA to ensure the Trust is ready to proceed to the final Board to Board meeting with the NTDA. The Trust received positive feedback from the meeting, and the NTDA has confirmed that the Trust can now proceed to the final Board to Board meeting with the NTDA on 26th March. The purpose of this meeting is for the NTDA to formally assess the readiness of the Trust to be referred to Monitor for assessment.

The remaining milestones for the organisation prior to referral to Monitor are:

- April (date TBC): The NTDA Board will consider the Trust's application and confirm whether the Trust can be referred to Monitor for their assessment process
- 1st May: referral to Monitor for assessment, if approved by the NTDA Board in April

The Trust's referral to Monitor is dependent on receiving a report from the CQC Chief Inspector of Hospitals with a minimum rating of good.

Governor Induction

The shadow council of governors has now met three times as part of their induction providing a programme of educational events and seminars, to support them in the discharge of their duties. A range of quality inspections and visits have also been arranged for governors starting at the end on March to help them to orientate themselves with the trust.

2.6 Workforce strategy

Listening into action

We conducted a second Pulse check in January and February. The first Pulse Check was completed by over 1400 in April 2013. The second Pulse check was completed by 1377 members of staff. The check is designed to gauge people's views on the organisation. The results are summarised in the table below:

Statement	Pulse check 1 (%)	Pulse check 2 (%)
I feel happy working in my work area	61	53
I am involved in deciding on changes introduced that affect my work area	35	42
Senior managers encourage staff to suggest new ideas for improving services	38	40
Day-to-day issues and frustrations that get in our way are quickly identified and resolved	22	21
This Trust communicates clearly with staff about what it is trying to achieve	39	40
I believe we are providing the very best services to our patients and their families	55	66
How satisfied are you with the extent to which the Trust values your work?	36	45
I am proud to work in this work area	68	61
I feel that I understand the connection between my role and the wider vision of the Trust	59	66
Communication between senior management and staff is effective	30	30

Communication between senior management and staff is effective	0	61
I feel that the quality and safety of patient care is our organisation's top priority	0	54
I feel able to prioritise patient care over other work	0	32
Our organisational structures and processes support and enable me to do my job well	0	27
Our work environment, facilities and systems enable me to do my job well	0	41
This organisation supports me to develop and grow in my role	0	53

We are in process of communicating these results, aligning the findings with other staff surveys and working on a single method of finding out how staff feel about working at St George's Healthcare.

The next teams
We have recruited a further 8 teams to adopt Listening into Action in their area.
These are:

- Review of children's meal service
- Immunisation team
- Radiology (Queen Mary's)
- Community speech and language therapies
- Audiology
- Facilities @ St George's
- Sterile Services
- Pre-operative assessment

In addition to these teams, the Listening into Action approach has been used to discuss productive wards and creating capacity. We have plans to extend the Conversation approach to patient safety, sustainability and gain views from junior doctors.

Interface with Service Improvement
Many of the longer term corporate projects identified through Listening into Action were already underway as part of Service Improvement or the trust's overall strategy. The Listening into Action approach (of listening to staff about what gets in their way) lends itself well to Service Improvement by providing vital information from staff, building on their own experience of what works and what doesn't. The intention is to hold staff conversations at the start of each Service Improvement project, to equip the team with the substantial and constructive views of staff.
This is a good example of two trust priorities collaborating across the usual boundaries, ensuring a joined-up approach and avoiding duplication.

Providing a listening into action service for staff

At the Big Conversations in April / May 2013, the idea of providing a service for staff, based on PALS, was first aired. The idea came up spontaneously at more than one Big Conversation and generated a lot of interest.

As a result, a listening into action advice service has been devised. This is modelled on the PALS service, with an innovative, pilot advisory post for 12 months. It will be known as LIAiSE – Listening into Action is Staff Engagement.

It will provide a listening and signposting service, identifying where support is available. It will not replace systems and services already in place (like the Bullying and Harassment Hotline or the Staff Support Service). It will also lead on the staff friends and family test. The service itself will be easy to access and easy to evaluate. We are currently recruiting.

Big Conversations 2014
We will hold a further series of Big Conversations in April, May and November. These are due to take place at St George's Hospital, St John's Therapy Centre and Queen Mary's. They will take a slightly different format; building on what we already know, what has already been achieved and what more staff tell us needs to be done.

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 has been utilised in selected paediatric outpatient clinics and has passed the paediatric gateway review. This system is now being deployed in paediatric outpatients.

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 full business case was approved by the Board at the January 2014 meeting and has now been submitted to the NHS Trust Development Authority (NTDA) for final approval.

3.3 Communications
Helipad
Work is continuing on the helipad and is due to be completed and operational on the 7th April. The helipad's official opening ceremony will be on the 29th May and will be attended by Mayor Boris Johnson. 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.

24 Hours in A&E filming at St George's

The decision to host the flagship Channel 4 show was made in principle at EMT and since then, negotiations have been continuing between the production team, the communications team, estates and – most importantly - the emergency department staff – to establish if there is enough support (including logistical) for this to go ahead. Whilst some issues – such as where to put the TV crew – are still being finalised, the project has been met with the usual friendly St George's welcome. We are now in a period of detailed discussions and fee negotiation. Filming is scheduled for late May until early July with broadcast in 2015.

NHS Change Staff Swap Shop

A staff "swap shop" has been organised for NHS Change day, where all staff within the trust will have the opportunity to shadow and be shadowed for half a day by a fellow member of staff from a different department. Who they swap with will be completely at random and must be done within a three month period and so far, over 150 members of staff have pledged to do the swap.

Launch of Inpatient Pain Team Twitter account

The Pain Management team has set up a new twitter account, which gained 70 followers within a few days of launching, including a few high profile followers. Tweets will push info and links to inpatients about managing their pain.

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. The Renal Team held a Kidney Donor day for donors and recipients on the 18th February, 2014 which was well attended. *BBC London* covered the hospital's Kidney Donor Day, interviewing Consultant Sarah Heap. This was featured in both lunchtime news and a longer report on the evening news

South West London Pathology

The South West London Pathology service will go live on the 1st April 2014 and will be jointly owned and managed by St George's Healthcare NHS Trust, Croydon Health Services and Kingston Hospital NHS Foundation Trust. The main hub laboratory will be at St George's hospital, with spoke laboratories or "hot labs" run at both Croydon and Kingston to manage urgent local work from A&E, maternity, acute wards and theatres. This model will also enable local knowledge and clinical expertise to be retained within each trust.

Press coverage:

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

- The *Evening Standard* and Nursing Standard featured Midwife, Denise Henry's work on female genital mutilation.
- The Cure, a documentary series on *Al-Jazeera,* is covering Maxillofacial Consultant; Mr Cavin Andi's pioneering use of 3D technology to help in facial reconstructive surgery.

- A documentary is being filmed for *Sky Living* following a patient going through a sex change. Plastic Surgeon, Ms Milroy, was interviewed and filmed.
- *The British Heart Foundation* have commissioned a number of films of procedures performed at the hospital for their website.

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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
1.1 Who is responsible for this service / function / policy? Various services covered, all accountable to CEO				
1.2 Describe the purpose of the service / function / policy? *Who is it intended to benefit? What are the intended outcomes?*				
1.3 Are there any associated objectives? *E.g. National Service Frameworks, National Targets, Legislation , Trust strategic objectives* All Trust corporate objectives				
1.4 What factors contribute or detract from achieving intended outcomes? Risks detailed in the paper				
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 No				

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1.6 If yes, please describe current or planned activities to address the impact.
1.7 Is there any scope for new measures which would promote equality?
1.8 What are your monitoring arrangements for this policy/ service
1.9 Equality Impact Rating [low, medium, high] Low **2.0. Please give you reasons for this rating** 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.