St George's Healthcare NHS
NHS Trust

REPORT TO THE TRUST BOARD – 29 May 2014

Paper Title:	Chief Executive's report
Sponsoring Director:	Miles Scott, Chief Executive
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Purpose: *The purpose of bringing the report to the board*	To update the Board on key developments in the last period
Action required by the board:	For information
Document previously considered by: *Name of the committee which has previously considered this paper / proposals*	N/A

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.

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.

Related Corporate Objective:	All corporate objectives

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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 Quality Summit following the Chief Inspector of Hospitals inspection took place on 24 April 2014, with the CQC presenting the final report from their inspection in the presence of stakeholders including patient representatives, local councillors and commissioners. The final report is presented to the Board at this meeting.

Overall the findings of the inspection were very positive – 50 of the 62 standards were rated as 'Good', four were rated as 'Outstanding' and eight were rated as 'Requires Improvement'. The CQC confirmed that they had found no evidence of patients coming to any harm from the areas requiring improvements.

The report contains two actions which the Trust must take (compliance actions), in relation to Mental Capacity Act awareness and availability of notes in outpatient clinics. The Risk and Compliance report summarises the action being taken in respect of these two areas, for approval by the Board prior to submission to the CQC. A broader action plan to include other recommendations is being developed in conjunction with the divisions. Implementation of the action plan will be monitored internally by the Quality and Risk Committee and externally by the Clinical Quality Review Meeting.

1.2 The Improvement Programme

This year, the improvement programme is more transformational in its approach and is primarily focussed on creating capacity, through four distinct streams: Improving Patient Flow, Theatre Utilisation, Outpatients Redesign and Integrated Care Pathways. The aim is to generate additional capacity (circa 200 beds and 50 theatre sessions a week) to cater with the increased demand and planned growth that underpins the trust strategy and cost improvement programmes.

These four programmes are being run trust-wide, and build upon the lessons of the pilot projects run in year one, 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 improving patient flow programme in particular focuses on: further development of ambulatory pathways to include surgical specialities; ED improvement project; development of a discharge lounge in conjunction with consultant daily morning ward rounds and changes to the discharge process, critical care capacity, re-designing the senior health and frailty model; re-design of bed management; and the development of a Surgical Admissions Lounge, a new facility proposed for December.

In addition to the 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, the team continues to train staff across the trust in lean and improvement methodologies as part of the development of the improvement academy and change culture.

Following on from the Perfect Week, Corporate Outpatients and IT ran a Perfect 'Tracking' Week as part of a wider project to reduce the use of Temporary and Missing Medical Notes in Outpatients. During the week Operational teams/Services/Divisions tracked every set of medical notes in circulation outside of the libraries, "every room, every set of notes". 41341 sets of notes were tracked during the week, against a norm of half that number. 9054 RFID tags were attached, supporting a move to automatically tracking of notes and incidents of

'missing notes' reduced to 3.2% from 6.1%. Further work will see 60,000 notes removed from site altogether followed by a notes amnesty to reduce the number of notes not being stored in the libraries.

2 Update on strategic issues

2.1 2014/15 Capacity Plan

Capacity is predicted to be tight again in 2014/15 as demand continues to rise, and the acuity of the patients we are admitting continues to rise. As summarised above, we are developing plans to increase physical capacity further during the year, but these will not come on stream until Q3 or Q4. We are also working on plans for further beds to come into use during the first part of 2015/16. We have decided 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 implementation of a new frailty pathway will improve the quality of care offered to older people and reduce the length of time some have to spend in hospital. The Wolfson rehabilitation services will move to Queen Mary's Hospital during the year, which will increase neuroscience capacity in the trust. The Improvement team plans for creating capacity through improved processes are 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 plans for 2014/15 and 2015/16 in April. We have worked closely with Wandsworth and Merton CCGs on the plans. Both CCGs are focusing on the frail elderly as a priority, and both have submitted plans that are realistic about further reductions in acute admissions to hospital, given that both populations have lower than average admission rates compared with the rest of England. The plans focus more on the effectiveness of reablement and reductions in permanent admissions nursing or residential home care than on admission reduction.

2.3 Developing services for South London and beyond

2.3.1 SW London Collaborative Commissioning

The SW London Collaborative Commissioning Programme has now established 7 Clinical Design groups to further develop the models of care for SW London. They are:

Maternity
Children's Services
Urgent Care
Planned Care
Integrated Care
Transforming Primary Care

Mental Health

This puts a greater emphasis on care outside hospital, and gives mental health services a focus for development. The trust has representation on the clinical design groups, as do the other SW London providers. The Programme is working to develop a five year strategy in accordance with the NHS England planning guidance. SW London has been identified as an economy in need of intensive support to develop its strategy in the light of the difficulties encountered by the *Better Services Better Value* programme, and PriceWaterhouseCoopers are providing that support. The draft strategy submitted in June will contain proposals to improve the sustainability of SW London's health services as a whole, but it is unlikely to include recommendations on the future role of individual NHS organisations at this stage.

2.4 Academic Development

2.4.1 Education

The latest round of MDECS commissioning (3b) is currently underway. We are submitting bids for general surgery and vascular.

The St George's Postgraduate Medical and Dental Education Federation Board will be holding a special event on the 19th June to showcase some of the developments that have taken place in relation to our commissioned bundles. We have also invited speakers from HEE, SGUL's Physician Associate programme and the Wandsworth Community Education Provider Network.

A new role of Clinical Director for Undergraduate (medical) Education has been developed and advertised within each of the Divisions. This role is to strengthen the support for undergraduate medical education in clinical practice, to raise the quality of placements and to improve feedback from students.

The number of Physician Associate (PA) roles within the trust has grown considerably over the last 2-3 years and has highlighted the requirement to establish a clear governance structure that would feed up to Trust Board. A Physician Associate Board has been established with an inaugural meeting taking place at the end of February 2014. The PA Board will meet three times per year and will feed into the Joint Education Board. The remit of the PA Board will include governance structures, agreement of local competencies and CPD / development opportunities.

We have received a slightly lower non-medical CPD cash allocation for 14/15 although still healthy at £483,657 for staff in bands 5-9 and a slight increase for staff in bands 1-4 at £224,831. We will be focusing support on staff development in line with the trust's clinical strategy.

Our funding for HEI provision for 14/15 is down by approximately £100,000 for at £836,993. This should cover our training needs for the year if we use it wisely and can continue to negotiate the use of underspend (from other providers) with the Universities.

A new Band 6 development programme for nursing staff commences on the 3rd June. This programme is aimed to equip band 6 nurses (deputy sisters in particular) with the knowledge, skills and confidence to progress into band 7 (senior sister / team leader) roles.

2.4.2 Research strategy

There was a substantial increase in weighted recruitment to NIHR portfolio adopted studies in the most recent recruitment year 2012-13, and we have exceeded our recruitment target set by the CRN.

The focus for the JREO and performance manager in the last quarter of 2013/4 continued to be working with Principal Investigators and consultants to improve study performance on national indicators. The NIHR PID report was submitted, and we await the analysis for quarter 4, expected in June 2014. Our internal analysis revealed that:

- 48% of studies on the '70-day (PI) report met the target – up from 12.8% in the comparative quarter 2012/13. However, our bench-marked position remains static.
- 47% of commercial studies on the 'Meeting Target recruitment' meet their expected recruitment. This has remained also remained static (48% of studies in the comparative quarter 2012/13)

The NIHR had changed its analysis for the preceding quarter (2013/14 Q3) – removing studies where the target was failed due to sponsor delays. Of studies where there were no sponsor delays, 50% of trials met the target.

The new South London Clinical Research Network (CRN) has 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. We are still awaiting the final model of budget-setting in light of the CRN re-structure for October 2014 onwards.

The implementation of the Trust Research Strategy continues and, the team has been developing the objectives and implementation plan for 2014/15. Five research sabbaticals were awarded - and a second round is planned for quarter 2-3.

As part of the strategy, the management of the Clinical Research Facility will move from the University to the Trust – this is expected to complete on 01/06/2014. The next steps are to ensure integration with trust operational policies, and to review the strategic plans for CRF activity and performance.

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 St George's University of London (SGUL)

The Trust and SGUL's Council have agreed to set up a joint implementation board, with representation from both the Trust Board and the Council, to support maximising the potential for the two organisations to work more closely together.

2.4.4 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. In the phased roll-out of clinical themes, the Alcohol theme held its launch on 9 May 2014, and this concludes the launch events.

Examples of current activity include the development of a South London bid to become one of the National Patient Safety Collaboratives, as part of the response to the Francis and Berwick reports. The role of the collaborative will be to support improvements in patient safety alongside work that is already being done.

Another example is the partnership with IXICO plc to develop a new online device for people with dementia that aims to increase people's control over the care they receive, while helping to enhance their independent living.

Together with the CLAHRC, see below, the HIN has appointed its first Innovation Fellow to the diabetes theme. The postholder will work across the portfolio to drive forward innovative practice in diabetic care.

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

Good progress continues to be made on establishing the Collaboration for Leadership in Applied Health Research and Care (CLAHRC), which went live in January 2014. Each of the workstreams are building their teams to advance their work programme. Contracts between the host, King's College Hospital NHS Foundation Trust, and members of the CLAHRC are currently being finalised.
It is planned to hold a formal launch on 7 July 2014 to showcase the work to date and future potential.

2.5 Foundation Trust (FT) application

The NHS TDA Board met on 30th April to consider the Trust's readiness to be referred to Monitor for the final phase of the assessment for authorisation as an FT. The NTDA Board approved the referral of the Trust's application to Monitor (the letter of confirmation from the NTDA is attached as an appendix for information).

The Trust has met with the Monitor assessment team to agree timescales for the final phase of the assessment. The initial "kick-off" meeting with Monitor will be held on 4th June, with the Trust expected to progress to a Board to Board meeting with Monitor in late September, and potential authorisation in November 2014.

Due to the rules relating to the legally appropriate timing of elections, Monitor has required the Trust to re-run the elections to the Council of Governors. The nominations period will re-open on 2nd June for a two week period, with the election results due to be announced on 28th July. This has not affected the timetable for the Trust's anticipated authorisation as an FT.

2.6 Workforce strategy

Listening into action

We have concluded a second series of Big Conversations, two were held at St George's, one at Queen Mary's and one at St John's Therapy Centre and were attended by over 80 members of staff. The focus of these sessions was to ask staff if they had noticed a difference in the organisation in the past 12 months and to put forward ideas for what still needs to change. On the whole, feedback confirmed some positive changes but that there is still a lot to do for the better. Generally it was felt that there have been improvements to IT on the St George's site, but this is not felt in the community, at St John's or at Queen Mary's.

Concerns were expressed at all four Conversations about high staff turnover and increases to workloads.

The Listening into Action Sponsor Group will now collate the feedback received and ensure that it forms the basis of the trust's improvement programmes for the coming months.

The Perfect Week took place at the end of March, focusing on the ability to deliver timely, high quality patient care and reduce the capacity pressures that the trust struggles with. Some of the issues that came up during the week were also picked up by the Listening into Action Big Conversations both last year and this, in particular getting the right patient in the right place at the right time and how support services can focus on benefits to users and support patient care.

The next teams are all underway, at various stages of their Listening into Action adoption. The Immunisation team, for example, has held its Staff Conversation, focussing on how to better promote immunisation in Wandsworth, and with representatives from schools, health visiting, school nursing and the Immunisation team itself. The team will now look at providing immunisation-related information, education for parents and carers and for young people and professionals in both community and school settings. It will also look at the tackling the BCG vaccination waiting list.

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 and this will be completed in June 2014.

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 is with the NHS Trust Development Authority (NTDA) for final approval. Final contract negotiations have been completed and the contract schedules agreed ready for signing with preferred suppliers. A provisional exit timetable has been agreed with the Department of Health.

3.3 Communications

Helipad

The helipad opened as planned on 7th April. An official opening ceremony has been arranged for Thursday May 29th. The Mayor of London, Boris Johnson, has agreed to officiate and he will be joined by our first paediatric patient to have been brought to St George's Hospital by helicopter.

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

Filming for the flagship Channel 4 show began on Thursday May 22nd. Around 100 fixed cameras have been installed in the emergency department and the helipad. Filming runs

through until early July. This is followed by editing and production which will be mostly done off site. Thirty episodes will be made and will be broadcast as early as this autumn.

Governor elections
Work is underway to run fresh elections for the elected governor positions that will be part of the Council of Governors. Information events have been organised for those who wish to stand or are interested in the process. The deadline for receipt of nominations is Tuesday 17th June and voting packs will be sent from Monday 7th July. We should know the results by the end of July.

Improved communications
A new bi-monthly printed staff newsletter has been produced and circulated. Feedback from the Listening into Action programme showed that staff wanted to know more about colleagues and the work of their departments. The first newsletter has been well received and the next one is already underway.

Another major step forward in improving staff communications is the cascade briefing system. Work is well underway to select the right model and the first briefing is set to start in September. This should ensure that key messages reach all levels of the organisation and that queries and feedback from staff are heard and responded to by senior managers. The need for this was further underlined in the most recent Listening into Action event at the St John's Therapy Centre earlier this month.

The 'Gazette' (the trust's printed newsletter for stakeholders) will become a bi-annual publication, with more regular communication via e-mail planned to support this publication.

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

- St George's has completed a world-first study into the use of fidaxomicin as a first-line treatment for adults with Clostridium Difficile Infection (CDI). Fidaxomicin treatment led to a reduction in recurrence for patients with CDI resulting in a saving of over £48,000 when compared to the current treatment methods.
- Sky News and other broadcasters reported on the issue of nursing staff levels. Senior staff nurse Rachel Eaton gave a good interview for us and all ward patients interviewed very keen to express what excellent care they were receiving at St George's (Ben Weir ward).
- The 'First Touch' Chelsea Flower Show garden was used as a backdrop for ITV's weather forecast, received a special mention in the Sunday Times commending the volunteers and Patrick Collins, the landscape artist, and was mentioned in the front page photo caption of the Evening Standard on May 19.
- The Daily Mail featured the story of consultant oral and maxillofacial surgeon Graham Smith in its 'Health Hero Awards'. He was nominated by a patient who was grateful that Mr Smith cycled 7.5miles to hospital in the pouring rain in the early hours to carry out an urgent review on her husband.

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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				

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.