

REPORT TO THE TRUST BOARD – July 2014

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| Paper Title: | Chief Executive's Report |
| Sponsoring Director: | Miles Scott, Chief Executive |
| Author: | Peter Jenkinson, Director of Corporate Affairs |
| Purpose: <i>The purpose of bringing the report to the board</i> | To update the Board on key developments in the last period |
| Action required by the board: | For information |
| Document previously considered by: <i>Name of the committee which has previously considered this paper / proposals</i> | N/A |
| <p>Executive summary</p> <p>1. Key messages The paper sets out the recent progress in a number of key areas:</p> <ul style="list-style-type: none"> • Quality & Safety • Strategic developments • Management arrangements <p>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.</p> | |
| <p>Key risks identified:</p> <p><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> <p>Risks are detailed in the report under each section.</p> | |
| Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i> | All corporate objectives |
| Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i> | 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 your reasons for not undertaking an EIA.

1 Quality and Patient Safety

1.1 Call Centre

At Executive Management Team this week, emerging issues with the trust's call centre were raised resulting in an increase in response times. This is due to a number of factors:

- The trust previously had two OP scheduling call centres, which were merged as of 1st June 2014. This was in response to feedback from patients, staff and specialty colleagues and was a decision that was made some time ago;
- Following the merger, an anticipated reduction in calls was not realised. Concurrently, agency staff left the CBS at short notice and the CBS experienced periods of disruption to the Cerner system and process challenges following the recent upgrade;
- There has been a trend of increased referrals, many of which will lead to inbound phone calls in the last quarter;
- In June, the call centre received over 35,000 calls, against the average before the merger of 30,000 calls.

These factors have led to an increase in response times to calls received, with a mean response time of 11:42mins (range 30 seconds – 40 minutes). In response, the Trust has worked with an external software provider to introduce queue management software to assist with managing demand more efficiently and effectively. This is due to be introduced by the end of July and will:

- Embed a virtual platform and set up a divert system based on call requirement which will spread volume to the right agent by grading the complexity of the call;
- Also implement a 'call buster' system – you are called back when you get to the front of the queue and you don't need to wait on the phone;
- Give us intelligence around what people are calling about and call volume peaks and troughs.

These actions should lead to a reduction in call response times and the aim is to get back to 75% of calls answered within 30 seconds by the end of August. Commissioners have been informed and internal and external communications circulated.

2 Update on strategic issues

2.1 2014/15 Capacity Plan

Plans to increase physical capacity further during the year are being worked through. The business cases for additional capacity in 14/15 were considered by the board at its last meeting, and the trust is in the process of securing funding for the additional beds. The Improvement Team plans for creating capacity through improved processes are now underway and remain 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 submitted plans for the BCF in 2014/15 and 2015/16 in April. We have worked closely with Wandsworth and Merton CCGs on the local plans, and are content that these are realistic. As part of the assurance process and the management of risk, CCGs are being required by NHS England to resubmit their plans later in the summer, but there is currently no specific timescale for this. The plans will need to be signed off by local acute providers.

2.3 Developing services for South London and beyond

2.3.1 SW London Collaborative Commissioning

The six SW London Clinical Commissioning Groups submitted a 5 year strategy to NHS England on the 20th June. Feedback on the strategy is awaited. The strategy contained proposals to improve the sustainability of SW London's health services as a whole, but did not include recommendations on the future role of individual NHS organisations at this stage. Developing such proposals will not be straightforward, and the acute trusts in SW London are working together, and alongside the commissioners, to consider how best to develop a new range of proposals that may gain the support of stakeholders.

2.3.2 Renal Redevelopment at St. George's

Renal services at St. George's are currently delivered from Knightsbridge Wing, in facilities long recognised as not fit for purpose. We propose to bring the Strategic Outline Case for the relocation of the services to the Board in August.

2.3.3 Strategic Alliance with Kingston Hospital

The Strategic Alliance Partnership (SAP) between St. George's and Kingston Hospital was set up in 2010, to help both trusts address areas of mutual interest. Over the past four years there have been some creditable successes from this partnership including:

1. Providing the proof of concept needed to kick start the development of the south west London pathology service
2. Providing support to the Kingston cardiology service at a time when it came under intense pressure from commissioners, with the end result being that the service has expanded, rather than contracted.
3. Brought new clarity and understanding to the complex issues around the delivery of services from Queen Mary's Hospital.

Over and above all of this, the partnership has allowed for the development of open, honest and constructive dialogue between the leadership of the two organisations, as well as various services within them.

As we have moved to a period of SAP projects being "business as usual" it has been agreed to cease the formal elements of the partnership e.g. SAP Board meetings. This is done on the expectation that those services which are currently working together will continue to do so, and that both trusts will continue to work together in the future, as part of our strategic alliance, when new opportunities present. We will continue to support on-going projects where required and continue to work with Kingston to develop other areas of mutual interest and benefit for both trusts.

3 Academic Development

3.1 Education

We have been successful in bidding for general surgery as part of the stage 3b MDECS process. A decision has yet to be made regarding vascular surgery. We expect to receive feedback at a meeting with the commissioners on the 19th August.

The mental health nursing programme has commenced with 13 participants. We look forward to monitoring their progress and reviewing the impact of the programme in due course.

Discussions with SGUL are underway in relation to library funding. Historically this has been paid directly to the library from HESL / NHS London. With the introduction of the tariff system of payments for junior doctors and non-medical staff the payments will need to be met by the trust through the monies received for education. A paper will be presented to EMT for clarification of the trust's perspective on this issue.

3.2.1 Research strategy

CLRN Recruitment

The financial year 2013/14 recruitment figures have been published by the South London Clinical Research Network (CRN), and St George's has exceeded its target of 3560 by almost 24%: 4411 patients have participated in clinical trials. Clinical areas that deserve a special mention include:

- Critical Care (including teams in A&E, Orthopaedic Surgery, and Gastroenterology) and Reproductive Health and Genetics (which includes the Delivery Suite, Fetal Medicine and the Clinical Genetics department) both recruiting over 20% of the total (over 900 patients each)
- Stroke recruiting 535, or 12% of the total
- Cancer recruiting 525 or nearly 12%, which includes teams in Clinical genetics (recruiting nearly 45% of cancer patients), Medicine (26%) and Surgery (18%)

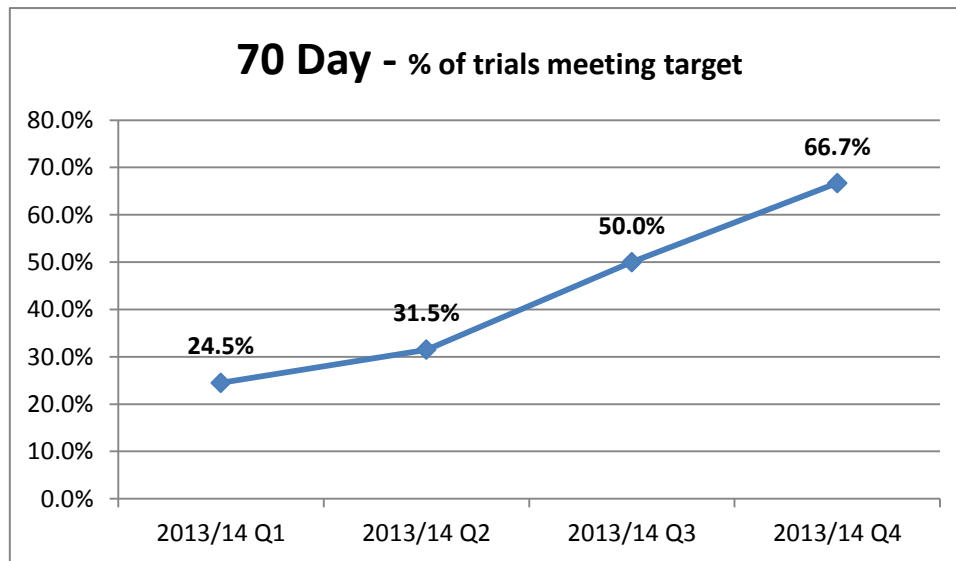
The target set for the next financial year is 4036, and this reflects changes in the type of studies available in the stroke and reproductive health portfolios. However, we are ambitious to over-recruit as the year progresses.

Meeting NIHR performance targets

The NIHR also published their analysis of 2013/14 Q1 on our ability to initiate trials (the 70 day target) and to complete trials to target recruitment

The 70 day target

In this latest report 66.7% of trials met the 70 Day Target – up from 50% in the previous quarter's report. We have moved up from the 3rd quartile, to the second quartile in terms of meeting the 70 Day Target.

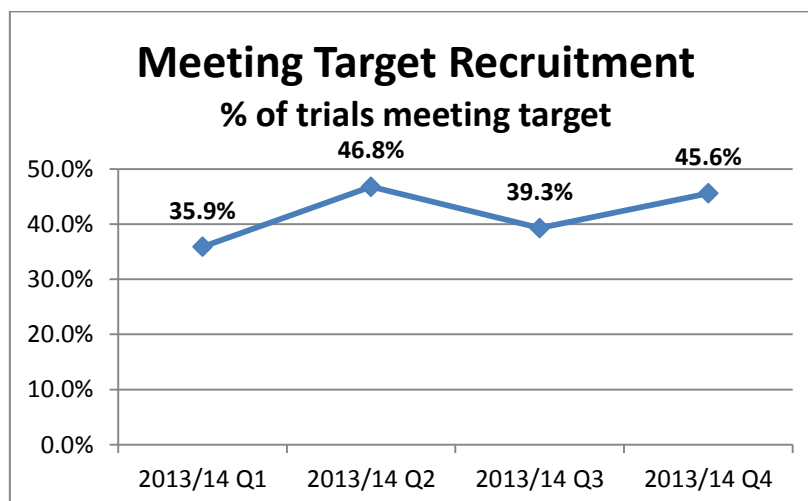


Our current position is good – and the trajectory is improving at a rapid rate. We are performing better than regional neighbours. Our last result was 66.7%, Kings have 37.1%, and Guys and St Thomas's 31.7%. Nationally, the best performer is the Royal Marsden, with 93.7% meeting the 70 day target.

Commercial trials meeting target recruitment

We are at the top of the second quartile for the number of commercial trials that have been active in the previous year (93 trials). 45.6% of these trials recruited to target. The trusts in the second quartile with the highest percentage of trials meeting target recruitment are GOSH and Salford Royal at 66.7%

Nationally, the best performer is Barts at 82.4% - of 43 closed trials; and Moorfields at 93.7% - of 15 closed trials. Kings have 37.6%, and Guys and St Thomas's have 23.2%.



Our current position is just below the median – and this metric will take longer to influence due to legacy studies. We are performing better than regional neighbours.

Funding

The South London Clinical Research Network has still not yet released the budgets for October 2014 onwards, but we expect to have that soon.

The focus for the JREO and Performance Manager in the next month is:

- to return the next set of data on the NIHR performance targets and
- to initiate another round of Research sabbaticals
- manage the impact of the budget allocation from the CRN

4 Foundation Trust (FT) application

The Trust is now in the final Monitor phase of assessment of readiness to be authorised as a Foundation Trust. Monitor assesses the Trust's readiness in relation to three key areas:

- Well-governed (which includes a review of the Trust's strategy and quality governance arrangements)
- Legally constituted
- Financially viable

The core part of Monitor's assessment has taken place during June and July, which has included submission of a number of documents to support the key areas of assessment, and meetings with a number of staff (Trust Board members, senior Clinical Division management teams), as well as staff and patient focus groups. Monitor will also speak to a number of the Trust's stakeholders including Clinical Commissioning Groups, Wandsworth Local Authority and Local MPs.

The Trust is expected to receive feedback in early September, with the aim to progress to a Board to Board meeting with Monitor on 25th September, and authorisation as a Foundation Trust in November 2014.

The Council of Governors election process is currently ongoing, with the results of the elections due to be declared on the 28th July.

5 Workforce strategy

Listening into action

Providing a listening into action service for staff

Sarah Hemmings has been appointed as LIAiSE Adviser. Sarah has worked at St George's for 13 years in the HR department and her new role – a pilot project over 12 months – will be to design, develop and deliver the Listening into Action staff advisory service, known as LIAiSE. Sarah takes up her new post in September.

The **Friends and Family staff survey** was conducted in June for the first time. This is now a requirement of the Department of Health and is one of our CQUINs for 2014/15.

We will run this short staff survey for two weeks three times a year, enabling us to track levels of engagement across the organisation across the year. As we develop trend data, we will present this to the Board and feed it back to staff.

In this first survey, 10% of staff responded during the quarter. 80% of respondents reported that they were either extremely likely or likely to recommend the trust as a place to have care or treatment. 58% were either extremely likely or likely to recommend the trust as a place to work.

The Friends and Family Test currently uses an adaptation of the “net promoter score” (NPS), a research technique developed by industry. The NPS subtracts the proportion of responses that are “neither likely nor unlikely, unlikely, and extremely unlikely” from the proportion of responses that are “extremely likely”, to produce a score between -100 and +100.

Our net promoter scores for this 1st quarter are:

| Recommend to receive treatment | | Recommend as place to work | |
|--------------------------------|--------------------|----------------------------|--------------------|
| % likely/ very likely | Net Promoter Score | % likely/ very likely | Net Promoter Score |
| 81% | 12 | 58.5% | -20 |

As this is the first quarter of implementation, we do not yet have any comparative data from other NHS organisations with which to benchmark ourselves. We do know, however, that we are not alone in having a negative score for the place to work question.

The free text and comments that are made will be incorporated in the feedback that we collect from Listening into Action Big Conversations and included in our plans for improvement.

LiA projects update

The second group of teams are all progressing well with their projects. As one of the teams in this second year of Listening into Action, the **Community Speech and Language Therapy team** has been looking specifically at their own skills and how to review the training and development needs for all staff across the service, instilling a robust development programme including facilitating the culture of peer to peer support to ensure staff are competently trained and supported to fulfil their roles. Each team member has completed a detailed skills spreadsheet, and during the team's Skills Awareness Week (26 May to 6 June) linked with another staff member to share clinical practice. The team has created a skills hub, where training and development ideas can be logged. These include identifying external speakers who can be invited to train groups of therapists. A further outcome of the team's work is greater recognition of the importance of Continuing Professional Development (CPD) to the profession, alongside mandatory training whilst balancing costs.

6 Other matters for the Board to note

6.1 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.

This system is now being deployed in paediatric outpatients and this is now being extended to selected Trauma and Orthopaedic clinic. A deployment plan for roll out across the Trust from autumn of this year is being developed.

6.2 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 approved by the NHS Trust Development Authority at their national programme board meeting on 25th June 2014. The contract for acute clinical services has now been signed and the contract for community services is being prepared for signature.

The Trust will be confirming exit dates with the Department of Health over the summer.

7 Communications

“24 Hours in A&E” filming at St George’s Hospital

Filming of 24hrs in A&E finished on July 9th. The production company, who were on site for seven weeks, said they captured some wonderful examples of the care provided in the Emergency Department. The first of 30 episodes is expected to be broadcast this November.

Perfect Week

The trust held its second ‘Perfect Week’ from the 2nd – 9th of July with a focus on understanding and improving discharge processes. This involved data collection on bed occupancy and discharge numbers and interviews with patients around their experience. The data is now being analysed to identify trends around delays, with a view to resolving these.

By George!

The staff newsletter has recently been named ‘By George!’ following a suggestion from a member of staff. The second edition is due for publication in early August. Feedback has been very positive overall, with people liking the A5 format and content. Staff would like to see more photos, less words and content that better reflects the diversity of our workforce and front line staff.

Community Open Day

A Community Open Day is planned for Saturday 15th November at the St George’s site. It will provide an open our doors to the community and raise awareness of the services we offer across the trust, including at other sites in the community.