

REPORT TO THE TRUST BOARD – August 2014

Paper Title:	Chief Executive's Report
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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

The Central Booking Service (CBS) has been experiencing high call volumes, long waiting times in call queues and a high rate of abandoned calls. This has come about following a number of changes including the merger of 2 call centres and staff retention. In summary call waiting time for patients escalated to a mean of 11 minutes 42 seconds (range 30 seconds to 42 minutes).

There are a number of actions detailed below that the CBS team have taken to address these. We have already seen a significant improvement in call waiting times which have now reduced to a mean of 2 minutes (as of 18th August) with a range of 1 minute to 10 minutes 46secs. The number of calls being abandoned has also reduced significantly.

Issues and actions taken:

1. Due to the current nature of the CBS "one queue" system, staff taking inbound calls must be trained to deal with all nature of enquiries, this takes 4 weeks. To address the training programme, we are implementing a queue menu, to filter straightforward calls to inexperienced staff. This will also allow us to shorten the training process as staff can initially just learn to deal with some menu options. The menu system is taking time to get devised from a third party but we hope to get this in and working by Tuesday 26th August 2014.
2. To improve our current performance, we have recruited and commenced training with 4 additional staff and have 6 more expected new starters over the coming weeks. To accommodate these extra staff we are currently looking to secure further estate for CBS to use. We will also implement the queue menu by the 26th August to assist with getting appropriate calls to each agent, getting this right first time is the best patient experience and best provider experience
3. Current call volumes have risen from an average of 30,000 to 35,000 calls per month. Many of the additional calls are patients phoning back but we don't currently have the system intelligence to understand the call volumes in detail. The new menu system will help us to understand calls that are abandoned, and inappropriate calls that are put through to CBS.
4. In depth understanding of areas that don't have enough capacity to allow the patient to book in to their next clinic appointment when they are leaving the clinic is needed. Currently patients are asked to call in to make an appointment once the service has built the capacity. This is being looked into with the services.
5. We are trying expanding the call centre opening times but filling bank shifts with staff that have the correct expertise is proving difficult. From 18th of August the shift times of CBS have been revised in line with current trends of activity and staff from across the organisation have been asked to come and support CBS out of hours for the next two weeks. We have volunteers for evenings and weekends.
6. The safest and most effective way to manage our outpatient scheduling over the next two weeks, whilst reducing inconvenience for our patients, is to offer provisionally booked appointments. This will entail sending an appointment date and time to patients, which may be rescheduled by calling the call centre. There will be fewer calls as currently most patients (approximately 70%) call us to schedule their first

appointment. Fewer calls coming in to schedule appointments will mean more agents available to handle calls for rescheduling or completing an online request.

We now have commissioner support to implement this system for a two week period from Tuesday 19th August to Tuesday 2nd September; this will allow us to release 2 WTE to focus on the call centre alone and aid in reducing call waiting times and volumes.

The performance of the CBS will be monitored twice daily and escalated via the AGM and GM to ensure an excellent service is resumed.

2 Update on strategic issues

2.1 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 by the 19th September. There is a requirement for health economies to set targets for the reduction of non-elective admissions to hospital, and we are working with both Merton and Wandsworth on these plans. The plans will need to be signed off by local acute providers.

2.2 Developing services for South London and beyond

2.2.1 SW London Collaborative Commissioning

The six SW London Clinical Commissioning Groups submitted a 5 year strategy to NHS England on the 20th June. 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.

2.2.2 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. The Strategic Outline Case for the relocation of the services will be considered by the Board in the reserved part of this month's meeting, due to commercial sensitivities.

3 Foundation Trust (FT) application

The Trust continues to progress through the Monitor assessment process. The Chairman and CEO will meet with the Monitor Assessment Director and Senior Manager mid-September to discuss their initial feedback ahead of the Board to Board meeting planned for the 25th September. The anticipated date for authorisation as a Foundation Trust is November 2014.

Council of Governor Elections

Elections closed on the 28/07/2104. In total votes 2,200 were received. These were, as expected, lower than the last election as three staff seats were uncontested as only one candidate nomination was received. The voting averages by constituency were slightly lower than last time. The induction process for the new shadow council commences on 11th September.

Two new appointed governors have replaced exiting shadow members: Professor Helen Mason has been replaced by Dr Frances Gibson St George's, University of London and Mike Grahn has replaced Cheryl Scott from Healthwatch Wandsworth.

4 Other matters for the Board to note

4.1 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 Trauma and Orthopaedic outpatient clinics. A deployment plan for roll out across the Trust from autumn of this year is being developed.

4.2 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 contracts for these services have been signed. The Trust is working autumn 2014 (community) and spring 2015 (acute) dates for service commencement.

5 Communications

ByGeorge!

The second edition of the staff newsletter recently named 'By George!' following a suggestion from a member of staff has been published. Four thousand copies have been distributed across our hospitals and community sites.

The staff editorial group told us that they liked the size of the publication and the content in general, but would like more photos, less text for each article, and more content reflecting the diversity of our workforce and front line staff. We are continuing to implement these changes.

Community Open Day

Community Open Day is planned for 15 November 2014 and will provide an opportunity to reach out to the community and raise awareness of the services we offer across the trust.

Trust wide Team Brief

Following the suggestions made at EMT meeting the new model for the trust wide briefing system was tabled at OMT on Monday 11th August. It was agreed that each directorate requires some time to consider the implications of the system. It also agreed that if we are to articulate a standard model for all clinical and corporate directorates to follow there are some basic questions for each corporate or divisional director to consider. A follow up paper prepared by the communications team has been sent to OMT attendees which includes the questions to consider and actions required to deploy the trust wide team briefing system. Each person has been requested to consider this paper prior to the next OMT meeting where a decision will be taken on the cascade model and process for localisation of the core brief.

The communications team are developing a digital architecture which allows us to automate the process for tracking the delivery of the local brief and managing the feedback from staff.

Working with Sky News

In July we received four filming requests from Sky. They asked us to help them give a hospital context and patient face to NICE safe staffing guidelines, heat wave planning, NICE statin prescription guidelines and the use of agency staff in hospitals. The heat wave planning and statin guidance reports were cancelled due to an acute issue, however both the NICE safe staffing guidelines and the use of agency staff received extensive media coverage.

Claire Painter (head of nursing surgery), Jennie Hall (chief nurse) and Miles (acting as Chair of the NICE committee) gave interviews about safe staffing to Sky News, ITV News and BBC London radio. St George's Healthcare became the face of the report; helping to link the NICE policy to patient care and highlighting the work we do to ensure patients in our care are safe.

Some trusts received negative comments for using a high amount of agency nurses on their wards. Jennie Hall participated in a recorded interview with Sky News discussing our approach for ensuring wards are covered by permanent staff whenever possible. This interview was repeated through the day on the Sky News channel and helped show St George's in a positive light. Thomas Moore (Sky News correspondent) even tweeted to say "some hospitals using agency nurses as a last resort. St George's uses its own staff on extra shifts where possible. Better all round."

We continue to build our relationship with Sky and other broadcasters such as Good Morning Britain and the BBC.