

REPORT TO THE TRUST BOARD – September 2014

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
Executive summary 1. Key messages The paper sets out the recent progress in a number of key areas: <ul style="list-style-type: none"> • 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: <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> Risks are detailed in the report under each section.	
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 Board has previously been informed of issues encountered in the call centre, including:

- Increase in call volumes, including inappropriate calls
- Increased turnover of agency staff
- Protracted training period preventing expedient mitigation of reductions in resource
- High numbers of escalations for lack of capacity
- Inappropriate calls for CBS, which are transferred to other departments

As reported at previous meetings, an action plan to address these issues has been developed and is being implemented (table 2 below). One of the key parts of this plan was to implement a queue management technology. The Queue Menu System was deployed on 17/09/2014 and has led to:

- 15% reduction in queued calls
- 1 minute mean response time and 91% of calls answered
- Effect to be monitored on on-going basis

Implementation of the action plan has led to continuing improvement as presented in table 1 below.

Table 1 - Current Performance:

Week commencing	Mean response (mm:ss)	Total calls received	Total calls answered (%)	Comment
11/08/2014	10:03	7761	3586 (46%)	
18/08/2014	04:01	5919	4163 (70%)	
25/08/2014	04:26	5286	3524 (67%)	Bank holiday causing very high volumes on Tuesday
01/09/2014	06:19	7488	4306 (58%)	High call volumes following summer holidays, in keeping with historical peaks
08/09/2014	02:11	5813	4672 (80%)	
15/09/2014	02:01	4090	3322 (81%)	Data Mon-Thurs am only. Queue menu deployed Weds

Table 2 – Actions plan:

No.	Action	Owner	Timescale	Anticipated impact	Progress/Rag
1.	Designed and commissioned queue menu	DC/JF	12/09/2014	<ul style="list-style-type: none"> • Reduced training time for new staff • Reduced call lengths • Reduced repeat calls • Automatic redirection of 	Deployed 17/09/2014 and effect being evaluated

				inappropriate calls <ul style="list-style-type: none"> Improved queue intelligence <i>Net efficiency gain – Reduction of mean response time by 30 secs</i> <i>Reduction in abandoned calls by 10%</i> 	
2.	Implement activity codes	DC/JF	15/09/2014	Improved queue intelligence <i>No immediate gain</i>	Deployed & data being collected for analysis
3.	Trained four additional staff to take inbound calls	DC/JF	19/09/2014	Increased call handling resource <i>Efficiency gain – Reduction in mean response time by 30 secs</i> <i>Reduction in abandoned calls by 20%</i>	On target
4.	Additional space for growth in CBS resource	E&F	19/09/2014	Facilitate increase in resource – currently reliant on leave to enable all staff to be accommodated. <i>Efficiency gain – sum of 3 & 4</i>	2-3 week wait for accommodation to be ready
5.	Amend letters incorrectly directing patients to CBS	DC/JF	26/09/2014	Fewer inappropriate calls, which need to be transferred (linked to 1). <i>Efficiency gain – Reduction in queue time by 10 secs</i>	iClip Back Office are working on changes with BT
6.	Two additional new staff to be trained	DC/JF	03/10/2014	Increased call handling resource <i>Efficiency gain – Reduction in queue time by 15 secs</i> <i>Reduction in abandoned calls by 10%</i>	On target
7.	Conversion of Agency to substantive staff	DC/JF	31/10/2014	Ensure that staff turnover do not adversely affect call handling resource <i>Efficiency gain – In future, maintain effect of 3 & 4.</i>	HR1 forms submitted online
8.	External call centre review	DC/JF	31/10/2014	To identify further efficiency gains following the initial feedback from external review by our own software provider and a competitor	Engaged with company to undertake this work
9.	Reduced number of escalated appointments due to insufficient capacity	HH/ DC/JF	31/01/2015	Improved first call resolution of appointment enquiries, for scheduling that cannot be completed in clinic <i>Efficiency gain – Reduction in queue time by 15 secs</i>	Capacity and demand modelling is being developed within pilot areas (T&O, Urology)
10.	Address telecoms connection issues between Netcall/SGH	DC/RB	Ongoing	To ensure that callers are not disconnected once they have had their call answered by CBS	Issues identified thus far have been resolved.

The cumulative effect of this action plan will deliver a reduction in mean call response times to 1 minute, from the current mean of 2 minutes 25 seconds.



2 Update on strategic issues

2.1 Developing services for South London and beyond

2.1.1 St George's University of London (SGUL)

The Trust and SGUL have set up a Joint Implementation Board, with representation from both the Trust Board and the Council, to maximise the benefits that can be derived from the two organisations working more closely together. Two meetings have been held so far overseeing the development of a work programme that will focus on joint strategic developments through to addressing operational issues across the two organisations.

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

In July 2014 the HIN published its first annual report, setting out the achievements of their first year of operation and plans for the future. The document can be downloaded from the website (www.hin-southlondon.org).

2.1.3 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), with a successful launch event held on 7 July 2014 that set out how the CLAHRC will work and its potential.

3 Academic Development

3.1 UKCRN recruitment

National Institute of Health Research (NIHR) adoption is an important badge of quality for a research study: it indicates the NHS is interested in the outcome of the study, in terms of patient outcomes and/or reducing costs; and that research effort is recognised outside of academic circles. The regional arm of the NIHR is called Clinical Research Networks (CRN), and South London CRN, of which St George's is a member, has just released their Q1 performance report.

The recruitment picture, both for South London CRN, and particularly for St George's, is very encouraging. South London CRN is the highest recruiter per million populations across the 15 in England. St George's has recruited nearly three times our predicted number of patients (please see corporate scorecard KPI KPI-7.1.4 Total recruitment at St Georges NHS –

cumulative). Indeed over half of last year's recruitment numbers have been recruited in Q1 alone. Thank you to all of our investigators and teams for their effort. However, in terms of the *weighted* recruitment – the picture is more static – and indicates that less complex trails are recruiting above expectations.

3.2 Mystery Shopper Report

In 2013, the National Institute for Health Research (NIHR) commissioned and published a mystery shopper report. The report was to assess, through a survey of representative NHS Trusts, the extent to which the NHS is promoting research, as per the pledge in the Constitution. 91% of hospital sites visited did not have any information on clinical research activity in their reception area on notice boards, on electronic screens or leaflets displays.

The Joint Research and Enterprise Office (JREO) replicated this 'Mystery Shopper' approach in June and July 2014 – and the main receptions areas, and PALS, were visited. The mystery shopper looked for posters/leaflet information, and then asked about research here at St George's. Responses in the different areas were quite varied, and a number of recommendations were made regarding how to improve front-line staff awareness of research, how to appropriately sign-post, and what materials they need in order to do this successfully. Communications and JREO are currently planning how to roll-out these recommendations. The full report is available from the JREO

3.3 NIHR Capability Statement

As recommended at the last Board, the NIHR Capability statement was discussed, and approved by the Research Governance Committee.

4 Appointments

We are delighted to announce that Dr Simon Mackenzie has been appointed as medical director across St George's, University of London and St George's Healthcare NHS Trust. This will be the third joint Council and Board level position. The other joint posts are the director of estates and facilities (Eric Munro) and the director of HR and organisational development (Wendy Brewer).

Simon has extensive experience both as a consultant in critical care, and as a clinical leader of acute services. He has driven quality and safety improvement programmes, as well as having sat on national bodies, including two years as president of the Scottish Intensive Care Society. Simon was medical director of University Hospitals Division NHS Lothian (including the Royal Infirmary of Edinburgh and other major hospitals) until 2013. Following a year at the Institute for Healthcare Improvement in the USA he has been working on Scotland's national quality improvement programmes. He is also honorary senior lecturer at the University of Edinburgh. As a teacher and researcher, Simon focuses on clinical leadership, improvement and the effective use of information.

We look forward to welcoming Simon as soon as his start date has been agreed.

5 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 Monitor Board will then consider the Trust's application in its own Board meeting on 29th October. The anticipated date for authorisation as a Foundation Trust is November 2014.

6 Workforce Strategy

Staff engagement - Listening into Action

Friends and Family test for staff

The second test took place during August; comparative scores are displayed below:

No of staff (Headcount)	Q1 Staff Response	Recommend to receive treatment		Recommend as place to work	
		% likely/ very likely	Net Promoter Score	% likely/ very likely	Net Promoter Score
8126	772 (10%)	81%	12	58.5%	-20
No of staff (Headcount)	Q2 Staff Response	Recommend to receive treatment		Recommend as place to work	
		% likely/ very likely	Net Promoter Score	% likely/ very likely	Net Promoter Score
8126	908 (11%)	80%	15	57%	-21

Effectively, there is no change between quarters.

The increase in respondents in Q2 is encouraging. The Listening into Action sponsor group will review how to improve on this increase at their next meeting.

Pass it on Event

This will take place in the Hunter Wing Boardrooms on Monday 1 December from 8.30 until 12.30. This is the opportunity for our 2nd set of teams to showcase what they have achieved from Listening into Action, to describe their challenges and successes. They hand over to our next set of teams who we are currently recruiting.

LIAiSE – our listening to staff service

This service is now operational, with Sarah Hemmings coming into post as LIAiSE Adviser. There will be wide publicity in eG, the intranet, flyers, *By George!*, a Listening into Action *The story so far* publication, September's payslip leaflet, attendance at divisional, care group, nursing team meetings, etc.

7 Communications

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

The production company making ‘24hrs in A&E’ are now in the process of editing some of the 30 episodes that will start to be broadcast this autumn. A viewing panel has seen some of the episodes and has been very pleased with the way the staff and the trust have been

portrayed. It is also pleasing to note that patients have been willing to share their dramatic and moving stories.

Trust publications

Since the last meeting of the Trust Board, the second edition of the staff newsletter ('By George!') and the latest edition of the gazette have been published.

Community Open Day

Plans are progressing well for the Community Open Day (Saturday 15th November at the St George's site). This is a joint event with St George's, University of London. The event is an opportunity for people to see services from behind the scenes, speak to a wide range of staff from both organisations as well as learn tips on healthy living. Face painters, a magician, dance and comedy performances, as well as an ethical debate and an 'ask the boss' Q&A session will add to the variety on offer.

Come Dine With Me

The trust engaged Twitter to encourage people to come to St George's site last month to try the trust's hospital food. This open invite was timed to mark the announcement of new food standards across the NHS. Channel 4 filmed the event. More than 400 people attended and the feedback on the food was overwhelmingly positive.

Annual General Meeting

The date for this is Tuesday September 30th. It will start at 6pm in Monckton Lecture Theatre. The theme this year is how we use feedback from our patients, our stakeholders and ourselves to improve the quality of our services. Attendees will hear case studies from two staff who are leading new ways of working which are already bringing benefits to patients.

Bone marrow study day

Tuesday 2nd September was the bone marrow study day at St George's Healthcare NHS Trust. With over 80 delegates attending, the event brought together a mixture of professionals from the haematology and surrounding teams with an aim to improve their knowledge of the bone marrow transplant process. Speakers included a consultant haematologist from the trust who described the hurdles faced during bone marrow transplantation and talked about the importance of the multi-disciplinary teams required for a successful transplant programme. Past, present and future patients were in the audience, and we were privileged to welcome Chris Lewis, a transplant patient and great supporter of ours to give a patient perspective to the process. We were also grateful to be joined by the Anthony Nolan trust and Macmillan.

Celebrating Success

The trust's held a Celebrating Success event in early September to share and applaud all the work being done to make patient care safer and a better experience. Nine presentations were chosen from 30 submitted. These included advances of tracheostomy care, the work of the infant feeding team and the bone boost at St John's Therapy centre. Around 50 people including nurses, midwives and therapists from community and acute settings attended.

Hundredth helipad patient

More than 100 patients have been brought to St George's Hospital by air since the helipad opened in April. This underlines its importance, not just for London, but for people further afield. As well as the capital, helicopters from East Anglia, Hampshire, Kent, Surrey and Sussex have brought patients to the hospital.

First Touch garden for St George's

We will officially open the 'First Touch garden at St George's' on Friday 26th September. The legacy garden was inspired by the journey of the daughter of designer Patrick, and First Touch charity director Sarah who was cared for in our neonatal unit. The garden was modeled on the charity's 2014 silver-gilt medal winning Chelsea Flower Show garden. It will offer a calm and reflective space for staff, patients and visitors to the hospital.