St George's Healthcare **NHS**

NHS Trust

REPORT TO THE TRUST BOARD – November 2014

Paper Title:	Chief Executive's Report
Sponsoring Director:	Miles Scott, Chief Executive
Author:	Peter Jenkinson, Director of Corporate Affairs
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:	1. For information 2. To consider the proposed strapline as part of the trust's brand development.
Document previously considered by: *Name of the committee which has previously considered this paper / proposals*	N/A

Executive summary

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.

The Board is also asked to approve the proposed strapline, as outlined in section 5.1.

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: *Reference to corporate objective that this paper refers to.*	All corporate objectives
Related CQC Standard: *Reference to CQC standard that this paper refers to.*	N/A

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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.

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

Table 1 - Current Performance:

Performance from the last 6 weeks:

| Week Commencing	Total calls	Answered	% answered	Mean response	Median response (answered calls only)	% answered within 30 secs
w/c 06 October 2014	5452	4612	84.59%	01:50	01:02	46%
w/c 13 October 2014	5098	4469	87.66%	01:33	00:39	42%
w/c 20 October 2014	5162	4803	93.05%	00:51	00:16	60%
w/c 27 October 2014	5007	4651	92.89%	00:49	00:15	62%
w/c 03 November 2014	5256	4964	94.44%	00:36	00:13	69%
w/c 10 November 2014	5072	4775	94.14%	00:37	00:14	67%

Trends of performance:

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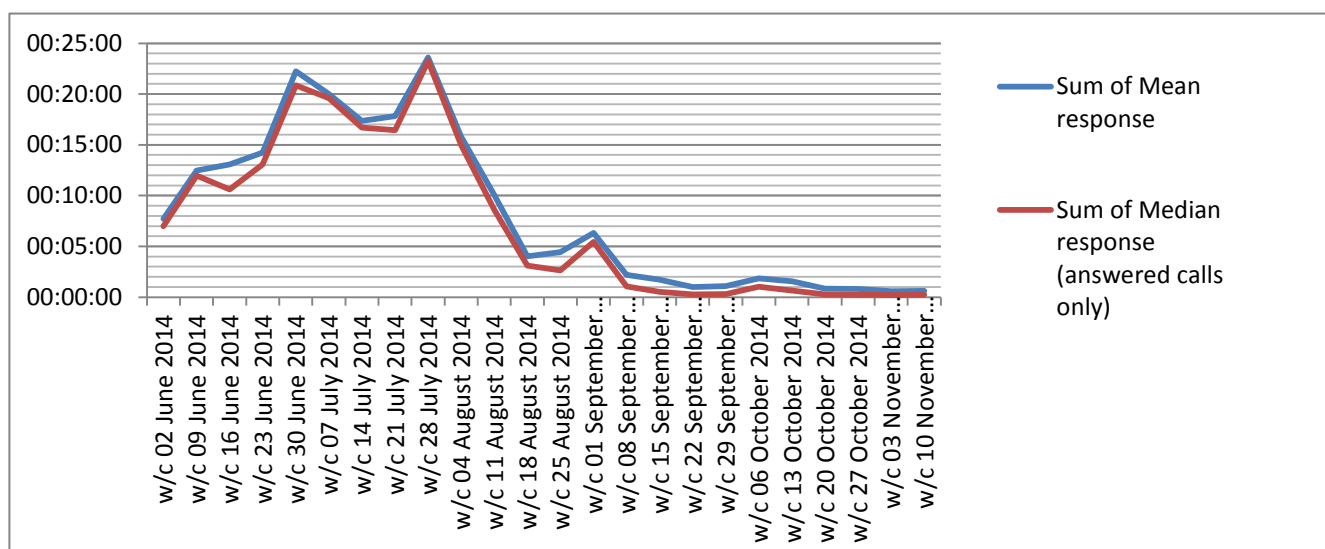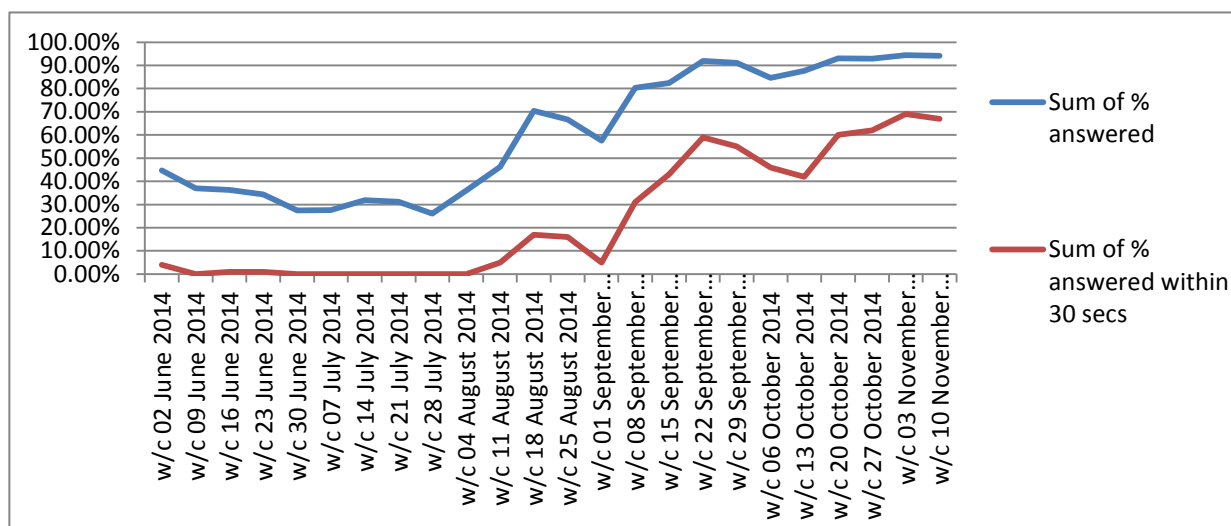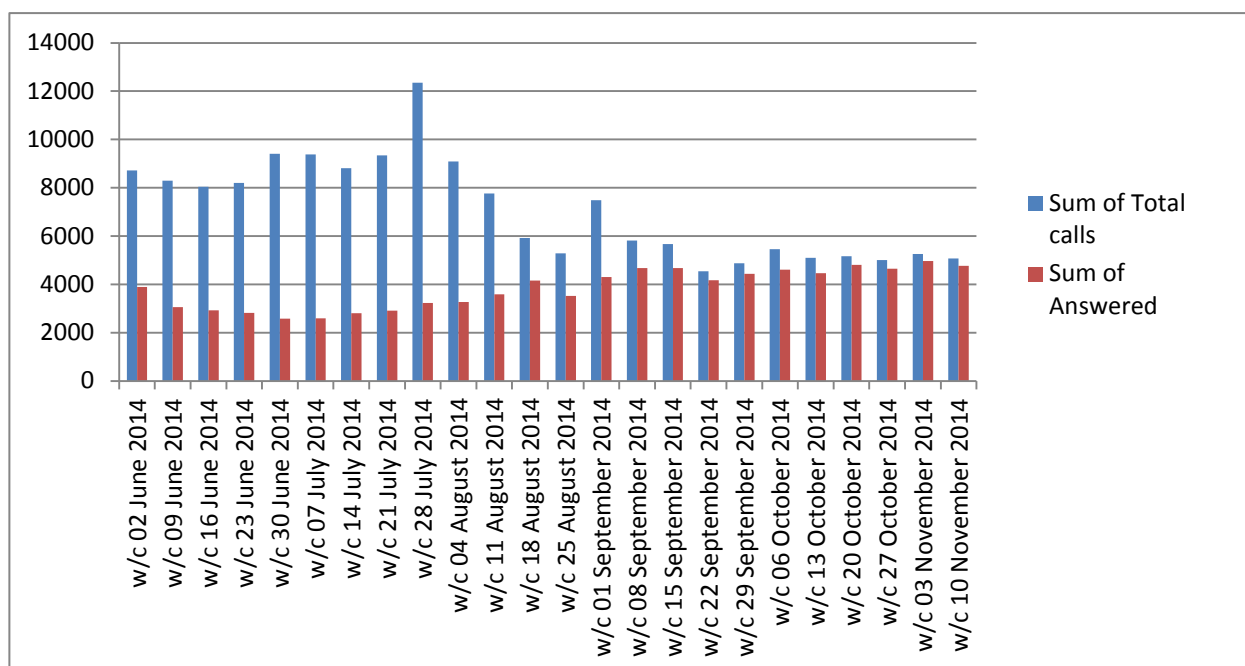
Performance lagged slightly behind plan (67% actual vs 71% planned) in week commencing 10 November 2014 due to a higher than usual sickness rate (5 WTE) within the CBS from Wednesday to Friday.

The cumulative effect of the action plan will deliver 85% of calls being answered within 30 seconds by the end of the calendar year. Currently this is behind projection, due to limitations on physical space to facilitate further growth of CBS resource.
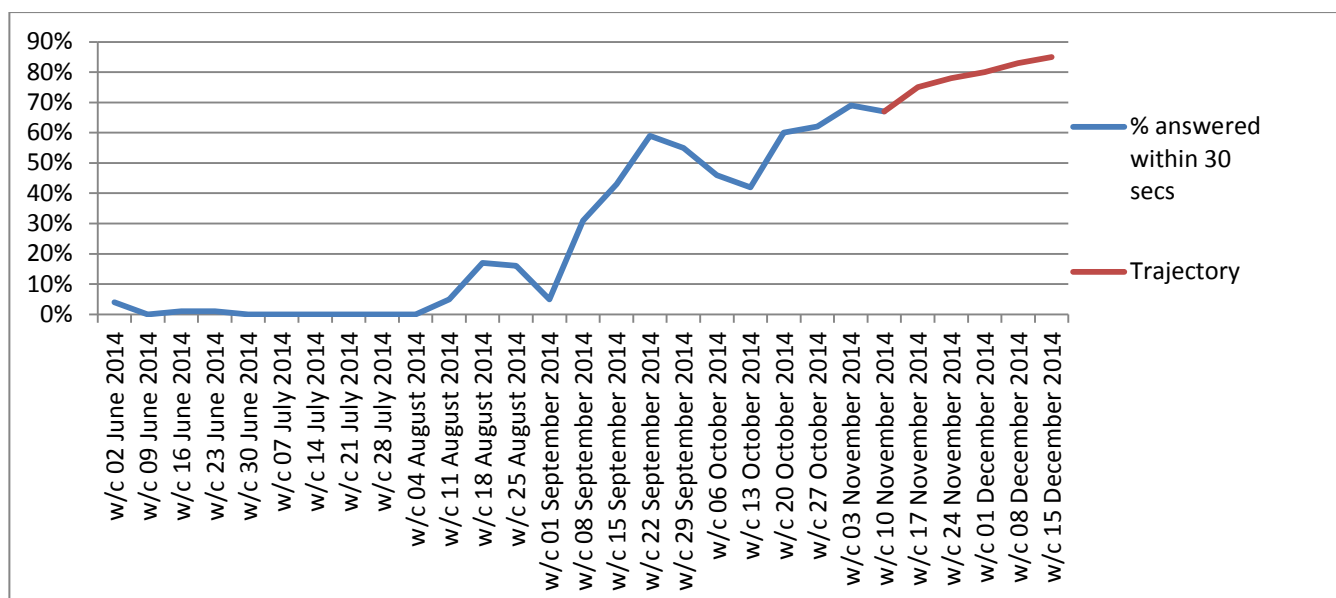
2   Academic Development

2.1   Education

The Trust has been asked to take on the Lead provider role for Core Surgical training in South East London following the non-renewal of the existing contract which Health Education South London held with GSTT. This now brings the total number of programmes managed by the

Trust to 13 and represents a recognition of the excellent leadership which the Trust provides in managing Post Graduate Medical Education Programmes. The Director of medical Education has also been appointed as the lead for the Confederation of South London lead providers (COSLP) which aims to strengthen working across South London in Post graduate medical education together with the other four Lead providers (KCH, GSTT, SLaM and SG Mental Health Trust).

3   Strategic development

3.1 Foundation Trust (FT) application

The Trust has now completed all requirements of the assessment process. The final decision regarding authorisation will be taken by the Monitor Board in its meeting in November. The Trust's anticipated date of authorisation is the 1st December 2014.

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Council of Governors

We held the first shadow council of governors meeting 4th November. At that meeting, we discussed governance processes for the Council and how governors would discharge their duties and interact with the Board. We agreed that, in developing that relationship, there would a mixed model of governors attending some of the Board sub-committees and also the Council creating a few of its own working groups.

We agreed that working groups to be established initially would be:

- Quality (to also include workforce)
- Membership strategy and engagement (to include staff engagement)
- Nominations and remuneration (to include the appointment of the chairman and NEDs, agreeing remuneration and agreeing an appraisal process for these posts)

Further discussions will take place with governors and Trust officers as to how these groups might work and other methods of satisfying governors' interests in these areas. The Nominations and Remuneration Committee has already been established in order to agree a recommendation to the Council on the initial appointments and processes for subsequent appointments, remuneration and appraisal.

3.2 100k Genomics

The 100k Genome Project is an ambitious project announced by the Prime Minister in 2012 to accelerate innovations in genomics and the resulting benefits to patients in terms of diagnostics and personalised medicines. The focus of the project is currently rare/inherited diseases and cancers, with the aim to sequence 100,000 whole genomes by the end of 2017. A number of pilots are already underway, including Guy's and St Thomas' NHS Foundation Trust (GSTT).

The Trust has submitted a bid to be one a Genomic Medicine Centre, in a consortium with Guy's and St Thomas' NHS Foundation Trust (GSTT), King's College Hospital NHS Foundation Trust (KCH) and South London and the Maudsley NHS Foundation Trust (SLaM), King's College London (KCL) and St George's, University of London (SGUL) as well as stakeholder organisations. A decision on this bid is pending.

4   Workforce

4.1   Staff engagement - Listening into Action

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 second 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** which currently comprises:

- Children's therapy teams
- Radiology
- Community nursing North and South

- Medical Physics
- St James and Paul Calvert theatres
- Neuro theatres
- Cardiac theatres
- Day surgery theatres
- Patient tracking in chest medicine
- Junior doctors

LIAiSE – our listening to staff service

This innovative new service launched on 8th September 2014, and has the following activity:

Month	Number of referrals	Issue		Division		Referral route	
September from 8th	8	Maternity leave	4	Medicine	4	In person	1
		Pay	1	Surgery	1	Phone	1
		Promotion	1	C&W	1	Ward round	4
		Care	1	Community	1	Email	2
		Conflict	1	Contractor	1	-	-
October	8	Maternity leave	1	Medicine	1	In person	3
		Pay	3	C&W	2	Phone	2
		Annual leave/sickness	1	Community	2	Email	3
		Health	1	Corporate	3	-	-
		Conflict	2			-	-

The LIAiSE Adviser is currently extending the service specifically to the Emergency Department offering 9 drop-in sessions for all staff in ED from 06.11.14 to 30.12.14. These are all 1:1 sessions and in complete confidence, to establish what gets in the way of providing the best possible care to patients.

Looking ahead

Listening into Action is well into its second year and is demonstrating real improvements for patients and staff in those areas that have embraced the approach and for whom it has proved to be a potentially powerful tool.

Plans are afoot, including with Service Improvement, to integrate Listening into Action still further into the organisation, bringing it to the forefront of the way the trust engages with staff.

4.2 Team Brief

We launch our Team Brief system in December. A team brief is a powerful method of enabling communications up and down the management structure of any organisation with a number of management levels. The team brief has been proven to be a successful staff engagement model in other organisations, effective in improving the quality of care and the experience of patients we care for.

Team brief ensures that staff at all levels receive information that is relevant to them, which is a mixture of corporate and local issues. The system provides an accountable and

managed communication channel for delivering clear organisational messages to staff. It's an opportunity for managers to meet with teams face-to-face to deliver a range of trust-wide messages as well as news and information specific to their divisions. It is also a forum for staff to discuss the points being raised and to ask questions. It's an opportunity to listen to staff and respond to questions and concerns raised by teams, ensuring that their feedback makes its way to senior management.

We will use our existing divisional governance structure to deliver this briefing system, with responsibilities confirmed within each division for this.

5   Communications

5.1   Branding update – proposed strapline
As reported previously to the Board, the Trust is proposing to change its name to St George's University Hospitals NHS Foundation Trust once authorisation is granted.

Although the Board has previously agreed the name 'St George's University hospitals NHS Foundation Trust' we recognise the importance of community services which is not reflected in this name and discussions on a strapline to support the formal name have therefore taken this into account.

In considering the strapline we also considered the 'brand proposition' – what the trust's brand stands for. The brand proposition is:

WHO we are:
- St George's is an integrated provider of a comprehensive range of healthcare services.
- St George's provides specialist services and a full range of community services from St George's Hospital, the largest single-site hospital in London, and is co-located with St George's, University of London – the only University College in the UK completely dedicated to healthcare.

WHAT we bring, and WHY this benefits you:
- This combination of academic research and comprehensive patient care services have enabled St George's to achieve the highest safety ratings and the lowest mortality rates of the major London hospitals, as well as realising superior levels of efficiency and effectiveness through integration with community care.

Taking this into account and the name already chosen, we propose to the Board the strapline "excellence in specialist and community healthcare".

As part of the ongoing work on the brand and style guidelines, we will consider the rules for when this strapline will be used.

5.2   Other communications updates

Community Open Day
The annual community open day took place on 15th November. Around 1000 people of all ages attended and over 60 services and departments from the trust and university, local organisations and charities were represented. The communications team organised and publicised the event, in collaboration with our facilities/estates team and university colleagues. Overall feedback has been positive.

Nelson Health Centre
The trust won the tender to provide specialist consultation and diagnostic services at the Nelson Health Centre. St George's will provide services from spring 2015 when an extensive re-fit will be completed. The team has communicated this internally and externally.

'24 Hours in A&E'
An internal and external communications campaign was conducted to publicise the launch of the new 24 Hours in A&E series filmed at St George's and the campaign continues with teasers for each episode.

Ebola
On 3rd November, the press reported on a suspected Ebola patient who had been admitted to St George's hospital the day before with a fever and history of travel to Africa. A reactive statement was published, as agreed with Public Health England. Reports of a patient awaiting Ebola test results and the subsequent negative result appeared in six national newspapers, ITV and BBC news, and in regional and local media.

Trust goes live with First-of-Type Cerner Critical Care System
The paediatric intensive care unit (PICU) has implemented Cerner's critical care solution which gathers real-time readings from monitors in the PICU and shows results electronically, eliminating the need to transcribe and freeing up time for patient care. An article was published internally, in E-Health Insider and in E-Health News. Chief Clinical Information Officer (CIOC), Dr Martin Gray, presented his experiences of the system at the Cerner Health Conference.

Roll out of iCLIP
The trust has implemented iCLIP – an electronic prescribing, medicines administration and clinical documentation system – on 15 wards. Communications were circulated to ensure patient safety.