

REPORT TO THE TRUST BOARD – DECEMBER 2014

Paper Title:	Chief Executive's Report
Sponsoring Director:	Miles Scott, Chief Executive
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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
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 Sign up to safety

St George's has signed up to the Department of Health "sign up to safety" campaign to save 6,000 lives and reduce avoidable incidents by 50% over the next three years. St George's now has to prioritise five specific pledges that will help save these lives at the trust. These pledges will form part of the trust's safety improvement plan over the next three years. We are committed to fully supporting and launching the programme from January 2105. An initial soft launch in eG has asked staff for their input into what these five pledges should be.

1.2 Penile Cancer MDT named cancer team of the year

St George's penile cancer team has been named Oncology Team of the Year at the prestigious 2014 Quality in Care Oncology Awards. The team were recognised for the transformation in penile cancer management with centralisation and multi-disciplinary care, with the judging panel commending the real transformation which had put the team well above the others in that category.

1.3 St George's – Partners in the African Patient Safety Movement

St. George's NHS Healthcare Trust (SGHT) and the Komfo Anokye Teaching Hospital (KATH) in Ghana have worked together for a number of years to share knowledge and skills and the link was formalised by a Memorandum of Understanding (MoU) in 2008. Further strengthening of the partnership was achieved from 2011 through participation in the World Health Organisation (WHO) African Partnership for Patient Safety Programme (APPS) to promote a patient safety programme.

At the end of the two year programme, KATH had implemented projects on hand hygiene, waste management and WHO Safer Surgery which have resulted in tangible improvements to patient safety. As part of the programme the partnership was successful in bidding for further funding from THET (a health partnership charity) to extend the work to five other hospitals in Ghana. The proposed MoU will enable further work to be carried out on a formal footing and enable the sharing of the finance awarded for this project.

A copy of the MOU is attached at Appendix A; the Board is asked endorse the continuation of this partnership and therefore the continuation of the MOU.

2 Strategic development

2.1 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 on 17th December.

2.2 Five Year Forward View, £2 billion funding increase and the Dalton Review

The Five Year Forward View is a key document, setting out the key challenges that the NHS needs to address and some ways that this can be achieved. Members of the Trust Board, along with key senior staff, will be discussing the implications of this on our strategic direction at a workshop in December 2014.

A key facet of this report was the acknowledgement of a funding gap for the NHS of £8bn. Therefore it was with great enthusiasm that we received the announcement from the Chancellor that £1.95 billion would be injected into the NHS with effect from 2015/16.

Whilst most of the funding is new to health, £700 million of it will come from reallocating funds which have previously been held centrally by the Department of Health or NHS England. Of this £1.95 billion, £1.5 billion will be added to clinical commissioning group and specialised commissioning allocations. The distribution will be decided at a forthcoming NHS England Board meeting. £200 million will be used to support service reconfiguration along the lines of that set out in the Five Year Forward View. The remaining £250 million will be spent on a mixture of revenue and capital schemes to improve GP services and out of hospital infrastructure. It is thought that whilst some might be spent on improving GP practices, NHS England's wider goal is to support primary care move towards the 'Multispecialty Community Provider' model set out in the Five Year Forward View.

Sir David Dalton's review was published on Friday 5th December 2014. The report complements the Five Year Forward View and provides the means by which new care models can be delivered through a range of organisational forms. The report makes 22 recommendations to national bodies, clinical commissioning groups, NHS leaders and wider organisations across five themes:

- i. one size does not fit all
- ii. quicker transformational change and transactional change is required
- iii. ambitious organisations with a proven track record should be encouraged to expand their reach and have a greater impact across the sector
- iv. overall sustainability for the provider sector is a priority
- v. change must happen – implementation must be supported

As with the Five Year Forward View, the Trust will be reviewing the Dalton Review at the Strategy session in December 2014.

2.3 South West London Commissioning Collaborative

The focus of the SW London Collaborative Commissioning (SWLCC) for most of 2014 has been to develop a Five Year Strategic Plan to address the issues identified when NHS England designated the area a challenged health economy. The Five Year Plan has now been agreed by the Clinical Commissioning Groups, SW London boroughs and NHS England, and as a result of this work SW London is no longer labelled a challenged health economy.

The Five Year Plan has been informed by a number of Clinical Design Groups (CDGs), which have had representation from the Trust: urgent and emergency care, integrated care, maternity services and children's services. The focus of the SWLCC from January 2015 will be for the CDGs to begin to work on the implementation plan for the first year of the strategy; there will be additional CDGs for cancer and planned care. The Trust will continue to provide its full support to taking forward the plans with the SWLCC.

2.4 Joint working with St. George's University of London – update from the Joint Implementation Board

The Joint Implementation Board (JIB) met again on 9th December to continue to develop the relationship between the Trust and the University in working together to improve standards of health and wellbeing for our communities, through education, research and services. Key topics for discussion included developing a joint Education Strategy and the proposal to develop more integrated working in Cardiology across our two organisations. Support was given for both of these initiatives, which is very positive, and now more detailed work will take place to on the latter two items.

Branding

The JIB also approved a brand architecture and design to represent and endorse this working relationship. Next steps will be to agree the vision for the partnership, agree

guidelines for the use of the brand and a communications plan for the launch of the brand. It is anticipated that formal launch will be in March 2015.

2.5 Collaboration for Leadership in Applied Health Research and Care (CLAHRC)

I am delighted to report that the CLAHRC South London has appointed its latest member of the team, Nick Sevdalis, to the role of Professor of Implementation Science and Patient Safety. Nick will join the CLAHRC team early in 2015. Nick is currently a reader in patient safety at Imperial College London: he has worked at Imperial's Department of Surgery and Cancer (in the Faculty of Medicine) as a specialist in patient safety research for the past decade.

2.6 Health Innovation Network (HIN)

Good progress continues to be made, as demonstrated by the following two examples. Within the Musculoskeletal workstream work is ongoing to champion the roll-out of the rehabilitation programme for knee osteoarthritis: 'ESCAPE-pain'. In November 2014, Diabetes workstream launched a toolkit aimed at providing healthcare professionals, commissioners and providers, with a resource to support the provision and delivery of structured education for people with Type 2 diabetes.

2.7 Genomic Medicine Centre

At the time of writing we are still waiting to hear the outcome of our bid to become a Genomic Medicine Centre.

2.8 IM&T - RiO Community Information System

The RiO Community Information System was successfully transferred from BT to a Capita hosted service over the weekend of the 6th/7th December 2014. The RiO system supplier, Servelec, is now maintaining this system under a direct service contract with St. George's.

3 Workforce

3.1 Staff engagement - Listening into Action

Pass it on Event

At the Pass it on Event on 1 December, the teams that have adopted Listening into Action this year told us of their successes and achievements, and of the challenges and hurdles they had faced. Case studies included:

- The immunisation team talked of how staff morale has improved as a result of staff being listened to.
- The Sterile Services team has been enabled to come up with their own ideas on how to improve the service and how to build a successful team.
- In the Rose Centre, the simplest improvements have made the biggest difference.
- For the Radiology team at Queen Mary's it's been really hard to keep going, but the pagers for patients, identified at their Little Conversation, will be in use in the New Year.
- Staff in the Community Speech and Language Therapy teams are proud of the skills hub they have developed and are proud to own and share it.
- For Audiology, the important lesson has been: "make sure you engage with the right people at the start so that any blockages can be addressed together".

Also present was Sadiq Khan MP who described how impressed he is that time is given to get people to connect. He also praised the combination of treatment and experience that makes St George's world-class.

Listening into Action passes on to the following teams in 2015:

- Children's therapies
- Radiology (St George's)
- Community nursing North
- Community nursing South
- Medical Physics
- St James and Paul Calvert theatres
- Neuro theatres
- Day surgery
- Cardiac theatres
- Patient tracking in chest medicine
- Junior doctors

3.2 London Leadership Academy Awards

We were very proud that Teresa Manders won a London Leadership Academy award for Leader of Inclusivity for the year. She now goes forward to national awards that take place in March. Jenni Doman was highly commended in the NHS Patient Champion of the Year category and Chris Anderson was shortlisted for NHS Mentor/Coach of the Year.

3.3 Staff survey

An internal awareness campaign by the Human Resources and communications team resulted in a final basic sample response rate (to be reported nationally by NHS England) of 39.1% (of all staff) in comparison to last year's 41.4% (of 4,000 staff surveyed).

4 Communications

'24 Hours in A&E'

Episode six of 24 Hours in A&E aired on Thursday 4th December and episode seven screens on 11th December. The last episode for the first series will be on 18th December with the series resuming in early January with the remainder of the 18 episodes of the first series.

St George's website has seen a significant increase of traffic throughout the series, with the first episode recording 8,500 visits and 21,500 page views in a single day, twice more than any other recorded day. Our work across our social media channels has resulted in significant though-traffic to the trust's website including 15,500 visits via Facebook and 2,500 visits via twitter since the 30th October. We have utilised our increased social media presence by integrating other corporate objectives in to 24hrs in A&E messaging including staff recruitment and individual communications campaigns such as the community open day and flu vaccinations. Initial qualitative analysis of the social media feeds in relation to 24hrs in A&E activity demonstrates a favorable image and reputation within a very significant percentage of posts or tweets.

Social media in the NHS

St George's has been ranked 23rd of all UK NHS providers and the fourth highest rated NHS provider in London for its social media presence in the first comprehensive analysis of social media in the NHS. The analysis is contained in the report 'On the brink of SoMething Special' is the result of six months' research and analysis of NHS social media undertaken by leading consultancy JB McCrea, supported by NHS Providers.

Staff Recruitment and Retention

The team ran a Google Adwords campaign to drive targeted visitors (theatres and neurosciences) to our optimised recruitment page to capture contact details with the aim of converting into employees. To encourage nurses to work at St George's we supported the production of videos which captured positive real life stories of life at St Georges. Our recruitment page has been optimised to remove some of the barriers to applying for positions, with the introduction of quick contact form to capture details of potential employees. The team organised a drop in session to improve our understanding of the role of nurses at the trust and the barriers and issues regarding to nursing recruitment. This was attended by 15 nurses across bands 2 -7. Members of the team are attending Nursing and Midwifery workforce planning board and a workforce planning board to provide communications support to internal staff retention and external recruitment activities.

Flu vaccination

The internal campaign to promote flu vaccination take-up among staff through online/offline activities continues. Take up stands at 39%. We are supporting a second phase of communications including letters to staff and a new internal campaign.

Press

A journalist from The Guardian visited the trust's community midwives and published a piece highlighting the positive work of our midwife-led units and homebirth team. Read the full article here: <http://www.theguardian.com/lifeandstyle/2014/dec/04/birth-guidelines-midwives-preaching-converted>

Patient Information Officer

The trust's new Patient Information Manager is in post to implement and oversee the development of high-quality, clinically accurate and standardised patient information across the trust. The scope of this role includes a commitment to accessibility, patient safety and supporting informed consent. A key early objective will be to launch a phased audit of patient information available at the trust.

APPENDIX A – MOU



Memorandum of Understanding

1. Introduction

St George's NHS Healthcare Trust (SGHT) and the Komfo Anokye Teaching Hospital (KATH) in Ghana hereby agree to build on the existing healthcare link (known as 'the Link') previously formalised by a Memorandum of Understanding (MoU) in 2008. The aim will be to foster cooperation and the exchange of knowledge and skills in the areas of quality assurance and patient safety.

SGHT and KATH share the belief that exchange of skills and experience are an important resource in:

- Supporting improvements in health services and systems
- Bringing personal and professional benefits to health workers in the UK and
- Enhancing solidarity between those from different countries

We acknowledge, therefore, a mutual interest in working to support health systems and in building the capacity of health workers in Ghana.

We share a commitment to the following key principles. We will:

- Respond to priorities identified by KATH, in dialogue with SGHT
- Ensure that the link focuses on areas where there is a demonstrable health care need, or need for health system strengthening.
- Ensure that the activities of the Link are in alignment with national and local healthcare priorities and plans.

The agreement to form a Link has the full support of the Board at SGHT and KATH and has been agreed at meetings on 19th December.

2. Purpose of the Link

The purpose of this link is to build on existing work that has been done as part of the World Health Organisation (WHO) African Partnership for Patient Safety Programme (APPS) to promote a patient safety programme focussing on hand hygiene, waste management and WHO Safer Surgery. The extension of the programme to five other hospitals in Ghana will be funded by a THET grant awarded to SGHT on behalf of the partnership. SGHT agrees to use the grant to fund the programme as agreed in the successful bid and will release the money as agreed in the associated project plan. KATH agrees to spend any money forwarded to them as part of the programme to support the project plan and will provide receipted evidence to that effect.

3. Alignment

In line with the 2005 Paris Declaration on Aid Effectiveness, we acknowledge the importance of ensuring that the Link is in alignment with the healthcare priorities and plans of the Ministry of Health in Ghana and with local health plans in the Kumasi region.

4. Coordination, roles and responsibilities

Each organisation will agree a Steering Group to coordinate the work of the link with roles and responsibilities built into the Terms of Reference.

In carrying out the roles and responsibilities described in this section, each side agrees to work with consideration for the other and to foster mutual respect.

5. Communication

Our preferred methods of communication are email, phone and conference calls such as Skype or Facetime.

6. Planning, development and activities

We are committed to the priorities identified by both organisations as part of the World Health Organisation sponsored programme African Partnership for Patient Safety. This includes work streams on hand hygiene, waste management and WHO Safer Surgery. In the successful bid to THET the KATH SGHT partnership has been successful in securing additional money from THET to spread the learning from the APPS programme to other hospitals within Ghana and these will form the basis of the agreed plans for this partnership.

7. Monitoring and Evaluation

We are committed to tracking our progress regularly, to learning from our experiences, and to sharing this information with each other- and with other organisations that might benefit.

8. Entry into effect, amendment and termination

This MOU shall come into effect from the date of signature by the heads of the two organisations involved. This MoU shall continue in effect, with modification by mutual agreement, until it is terminated by either party.

9. Duration and review

We shall review the operation of this MoU in April 2017 at the end of the THET programme. At that time, we will consider how well the MoU is working and review its progress: we will consider whether the MoU should be extended- and if so, what further deliverables should be identified.

10. Signatures

For and on behalf of KATH

Signed:

Name:

Position:

Date:

For and on behalf of SGHT

Signed:

Name:

Position:

Date:

