CHIEF EXECUTIVE’S REPORT

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<tr>
<th>Name of meeting: Council of Governors</th>
<th>Item: 6</th>
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<tr>
<td>Date of meeting: 8th October 2014</td>
<td>Enclosure: B</td>
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<tr>
<td>Purpose of the Report / Paper: To provide the Council of Governors with information on strategic and operational issues.</td>
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<td>For: Information ☒ Assurance ☐ Discussion and input ☒ Decision/approval ☒</td>
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<tr>
<td>Sponsor (Executive Lead):</td>
<td>Chief Executive</td>
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<td>Executive Team</td>
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<td>020 8934 2814</td>
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Recommendations:

The Council of Governors is asked to note and discuss the updates provided in the report in particular section 4.8.
Chief Executive’s Report

October 2014

1. Summary

This paper gives the Council an update on some of the key areas of activity that could impact upon the strategic development of the organisation.

2. External Environment

2.1 Planning for 2015/16

The Trust has commenced business planning for 2015/16. Guidance was issued to service lines and corporate departments during August 2014, including the requirement to work up plans to deliver a 6% Cost Improvement Programme (CIP). Divisional Directors and members of the executive team are meeting with each service line to go through plans prior to sign off of budgets and CIPs in December 2014. A peer review and challenge session for service lines is planned for November 2014. This will be an interactive planning workshop, which will be run as a ‘marketplace’ type event, with each service line and department preparing a display which will include information about their budget, proposed CIPs and plans for next year. Completion of budget setting in December 2014 is three months earlier than for 2014/15 and will allow time for the refinement and sign off of supporting operational plans. Corporate and service line plans will inform the Trust’s Annual Plan.

The context for business planning has been set by the Trust’s Strategic Plan 2014/15 – 2018/19 and supporting Long Term Financial Model. More detailed planning information for 2015/16 is expected during December 2014, including London Planning Guidance, the National Operating Framework and the revised tariff. This information, alongside the outcome of the Service Level Agreement (SLA) negotiations in March 2014, will be used to refine the Trust’s assumptions and plans. It may be necessary to make adjustments to budgets and plans between January and March 2014 in the event that material changes need to be made to the Trust’s planning assumptions as a consequence of SLA negotiations.

A horizon scanning session will be held with the Board in early November 2014 which will inform the corporate objectives for 2015/16. The first draft of the corporate objectives for 2015/16 will be presented to the Board for in November 2014 with final sign off planned for January 2014.

The Trust is required to submit its Annual Plan for 2015/16 – 2017/18 to Monitor in June 2015. Since the Annual Plan will need to be operational from April 2015 it is planned to
take it to the Board in draft for approval in March 2015. Minor updates will be made as required prior to final Board sign off in May 2015.

The Trust will engage with the Council of Governors in developing the Annual Plan. It is planned to share the draft corporate objectives with the Council of Governor’s Strategy Group, and through them the main Council of Governor’s meeting, in January 2015. In March 2015 the Trust will then share the draft Annual Plan with both groups to obtain views which will be fed back to the Board later that month. Comments will be reflected as appropriate in the final version of the Annual Plan going to the Board for approval in May 2015.

2.2 Commissioning intentions 2015/16

We have recently received the Commissioning Intentions for 2015/16 from Kingston CCG as our Lead Commissioner. This sets out a number of expectations regarding the way that CCGs will commission clinical services from KHFT for 2015/16. As usual they have included a number of technical elements relating to the operation of the contract and the information and payment flows. However the key sections relate to service delivery and the impact on patients and their care. Most notably the six South West London CCGs have worked together to produce the SWL Collaborative Commissioning Intentions for Children’s, Maternity, Planned Care, Urgent and Emergency Care, Integrated Care and Mental Health services based on the medium term strategic vision outlined in the CCGs five year plan. These intentions include progress towards the London Quality Standards which have staffing and cost implications for the Trust. We are reviewing their documents in detail to assess the impact on the Trust and to develop our responses.

At the same time we issued to them our proposals for next year, which include service developments and changes to pricing.

These documents will be the basis for the contract negotiations which will take place over the coming months.

2.3 Better Care Fund Update

The Better Care Fund (BCF) plans for Kingston and Richmond as now been submitted to NHSE. Due to changes in the BCF at a national level, the Kingston BCF plan is more limited than originally anticipated and focusses on additional funds for GP’s to run MDT meetings and for Your Healthcare to extend stay well at home. The Clinical Commissioning Group (CCG) anticipates that this will reduce non-elective admissions to the hospital by 3.5% making a £1m reduction in spend at Kingston Hospital next year. The Trust has been asked to confirm its agreement to this plan. Whilst we support the ambition
to reduce admissions to the hospital and discharge people as soon as they are medically fit, the Trust believes that the plans are unlikely to lend to a significant reduction in admissions unless they are expanded to include secondary care and mental health. Nonetheless, the £1m reduction in income has been built into the plans for next year. The Kingston Health & Wellbeing Board are keen that more ambitious plans are developed and the Trust will continue to contribute in the hope that this ambition is realised.

The Richmond BCF does include proposals for community geriatrician support, integrating care across the health and social care community and so the Trust has been able to fully support the ambition in this plan. The Trust has not been involved in the BCF plans of any other commissioner.

2.4 **Monitor Updates - Governors survey**

Monitor has asked for feedback from governors on their role and views on further training and support they feel is needed. This was circulated to governors by Deborah Lawrenson on September 10th 2014, Governors who have not yet responded have until 22nd October to do so.

3. **External Reviews**

3.1 **Kingston Safeguarding CQC Report**

The review was conducted under Section 48 of the Health and Social Care Act 2008 which permits CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children. The focus was on the experiences of looked after children and children and their families who receive safeguarding services.

As part of the review the inspectors visited the Trust and spoke with safeguarding professionals and staff working in both the A&E Department and Maternity Unit following the child’s journey reflecting the experiences of children and young people or parents/carers to whom they spoke, or whose experiences were tracked or checked. A number of recommendations for improvement were made for both areas of the Trust.

Following the publication of the review report on August 8th 2014 the Trust formulated an action plan for the recommendations which has been amalgamated with those of other provider services and the CCG. This has now been sent to the CQC. The report demonstrates there were no measures requiring urgent or immediate action. The
recommendations described reflect refinements to the existing safeguarding policies and systems that the Trust already has in place.

3.2 **JAG Accreditation**

The Endoscopy unit has received JAG accreditation following a thorough assessment of the service. The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) sets standards for individual endoscopists and training and quality assures endoscopy units. It is a great achievement to be awarded with JAG accreditation and means that our patients can have complete assurance that they are receiving the highest quality care and treatment. The assessors fed back that the team were excellent, happy, dynamic and patient focused, very good patient feedback and an excellent training environment and feedback for staff.

4. **Internal Environment**

4.1 **NESTA**

The Trust is one of only six hospitals across the country to be awarded £100,000 to help significantly expand and improve our volunteering services. The funding has come from the Helping in Hospitals (HiH) programme which part of the work of the Centre for Social Action’s Innovation and is a partnership between the Cabinet office and NESTA – a charity dedicated to supporting innovation and ideas that help improve lives. The programme is aimed at helping grow existing volunteer schemes that work on improving overall patient experience and outcomes. We will be using the funding to almost double the number of volunteers to 1100 by 2016, to train new volunteers to help patients with dementia, to provide extra help to navigate around the Hospital site and to provide even more support at mealtimes.

4.2 **Nurse Recruitment Update**

The Trust is currently welcoming large numbers of new nurses, midwives and nursing assistants. Thirty new nursing assistants started in August, and fifty five new nurses have already started in September 2014. This includes the first of two cohorts of nursing staff from Spain & Portugal. A further ninety new nurses, midwives and nursing assistants start during September & October 2014. The recruitment to these posts is part of the planned increase of staffing approved from April 2014, in order to provide additional beds during the winter months.

Two week programmes of induction are in place for new nursing & nursing assistant staff, which include classroom based activities and familiarisation time in the clinical areas. For overseas starters this also includes familiarisation to the NHS, UK and local colloquialisms.
Active recruitment to posts continues and the Executive Management Committee has approved plans as part of its nurse recruitment strategy to return to the Philippines to recruit additional nursing staff. This follows a change from September 2014 in shortage occupation rules which allow recruitment from outside the EU for non-specialist registered nurses. The existing Filipino community within the Trust are already fully engaged with supporting this initiative. Options to support accommodation requirements for these staff are being led by the Director of Estates. Recruitment processes for all nursing and nursing assistant posts include assessment centres which provide numerical, language and values based assessments.

The Trust is also working on plans with Kingston University to recruit and support ‘return to nursing’ candidates in the coming months as part of a HESL led initiative.

The Trust is very pleased that nine new vacancies are because we have been able to support nursing assistants and midwifery support workers to train to be nurses and midwives from September 2014. They will all be guaranteed posts in the Trust at the end of their training.

4.3 **PLACE 2014 Results**

The results for the second year of the new Patient-Led Assessment of the Care Environment (PLACE) were published nationally in August 2014. This year, the Trust maintained a healthy involvement from Patient Representatives and in addition, this was the first year in which a Trust Governor has taken part. The Patient Reps thought the assessment was fair and commented that they are confident from what they saw on the day that patients are well treated at Kingston Hospital. Scores for Cleanliness, Condition & Appearance and Privacy, Dignity & Wellbeing showed an improvement on last year and are near or above the National Average. Scores for Patient Catering (Food and Nutrition) were lower than last year; however Catering had already been highlighted as an area of concern through the Friends & Family Test. The Trust is currently carrying out a total review of Catering with the aim of making significant improvements, a few of which are already in place.

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<thead>
<tr>
<th>Category</th>
<th>KHFT Score</th>
<th>National Average Score</th>
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<tr>
<td>Cleanliness</td>
<td>96.3%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Condition, Appearance and</td>
<td>90.0%</td>
<td>91.3%</td>
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<tr>
<td>Maintenance</td>
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Privacy, Dignity and Wellbeing | 87.8% | 86.1%
---|---|---
Food and Nutrition | 71.9% | 88.3%

4.4 Food and Nutrition

Prior to the PLACE assessment being published the Trust had already recognised from the feedback from the Friends & Family Test (FFT) that the quality of our catering and associated meal service needed to be improved. As a result of this a dedicated Catering Action Team was assembled and a Catering Action Plan has been developed. ISS were tasked with reviewing our Catering Menu with a view to improving choice for all meals and snacks. We have recently received their proposal which we have reviewed and subject to a few adjustments it is intended that this be implemented in the next two - three months on the basis of a programmed roll out.

The proposal includes the following:

- Greater choice of food options at breakfast and the possibility of an omelette. In addition bacon/sausages served as well at the weekend.
- A light meal and a full cooked meal – these can be served either as lunch or dinner options depending on what is the best time for our patients.
- We are working with ward staff to improve the patient experience at mealtimes to include adequate preparation of the patients and provision of assistance to when necessary.

In the meantime the Trust has already introduced a number of improvements to include freshly baked cake in the afternoons, ice cream, finger food for dementia patients and ‘Memory Lane’ lunch parties for dementia patients.

4.5 Diabetes Tender

The diabetes service has recently won a tender to run an innovative new service to provide better care and prevention of diabetes in Surrey Downs. The contract has been awarded for a three year period commencing November 2014, with an option to extend for a further twelve months. The diabetes team are now working with GPs, Central Surrey Health Community Services and SW London and St George’s Mental Health Trust to set up the service that will provide care in the community in Dorking, Leatherhead, Molesey and Epsom.
4.6 **Audiology Accreditation**

Kingston Hospital is one of the first Trusts in the UK to have received Improving Quality in Physiological Services (IQIPS) accreditation for its Audiology services. The new IQIPS programme, hosted by the Royal College of Physicians, was introduced last year with the aim of improving services, care and safety for patients undergoing physiological science service tests, examinations and procedures. The accreditation was awarded following an assessment against twenty six standards which look at areas such as patient experience and clinical care. The accreditation means that the Audiology service is now formally accredited to provide an:

- Adult hearing assessment service
- Adult hearing rehabilitative service
- Complex adult assessment service
- Complex adult rehabilitation service
- Complex adult tinnitus service
- Complex adult balance service
- Paediatric assessment service
- Paediatric rehabilitation service

4.7 **The Challenge Initiative**

The Hospital is taking part in an initiative run by a charity called *The Challenge* and in August twelve young people aged between fifteen and eighteen spent the day at the Hospital learning about NHS leadership. The group met myself, the Chairman Sian Bates and other Board Members to hear about our careers and lessons in leadership. The group are now applying what they have learnt to a local social action project and another group of young people have accepted a challenge from us to create a campaign to raise awareness of dementia and the importance of reminiscence therapy and they will be encouraging young people to make donations of good quality items for our dementia activity programme.

4.8 **Refreshing the vision**

Work has started to update the vision for the Trust. Vision statements define an organisation's purpose but with a focus on its goals and aspirations. Having a clear vision is important as it creates an understanding of what the organisation is about and if done well can be inspiring and uplifting. Many people feel that Amazon have achieved this with
their vision which is “to be earth's most customer-centric company where customers can find and discover anything they might want to buy online… at the lowest possible prices.”

The last time the Trust looked at the vision it was applying to become a Foundation Trust and both the Trust and the wider NHS have changed a lot since then. The vision we agreed on at that time was: “To be the hospital of choice for our local community, recognised for excellent and innovative emergency, surgical, acute medicine and maternity services, delivered by caring and valued staff”.

Obviously a lot of this is still relevant but we want to look at the sort of language we are using and to make sure we have a vision that describes where we want to be. Some of the concerns we have identified include use of the word ‘hospital’ when we are increasingly working across organisational boundaries and into the community with the aim of providing more integrated care. In addition, listing particular services may be limiting and not seen as very inclusive.

To inform the refreshed vision the Board has spent some time thinking about where it wants to be in five year’s time, building on the discussions at the Board/COG away day in June 2014. It has concluded that it would like to be a national leader on quality, supported by:

- expansion to enable clinical and financial viability – through strengthening the Trust’s position as the hospital of choice for the local population and increasing market share in areas where the Trust is strong;
- happy and engaged staff (at the forefront nationally);
- real clinical leadership building on Service line Management;
- effective partnership working and;
- innovative use of IT.

Following conversations with the Board and at the Clinical Leaders quarterly meeting, the Executive Management Committee has had a first go at drafting a potential vision to generate discussion and this is shown below:

“To be first choice for patients by delivering outstanding, compassionate care – each and every time”

It is recognised that there is more work to do and we will be discussing this with staff through team briefing and open sessions in October 2014. We will also be engaging with patients.

Views from the Council of Governors are sought and in particular:

- Are there any suggestions for an alternative vision which is more inspiring?
- Is there a better way of expressing being ‘first choice’ for patients?
Do the words ‘outstanding’ and ‘compassionate’ work in describing the vision for the quality of our services and staff or are there any better alternatives?

Feedback to Rachel Benton, Director of Strategic Development via email address rachel.benton@kingstonhospital.nhs.uk before 20th October 2014 would be very much appreciated.

Outputs from the engagement exercise will be reviewed at the Board Development session at the beginning of November and proposals shared with the Council of Governors Strategy Group for comment later that month prior to signing off the vision at the Board meeting on 26th November 2014.

5. Operational and Financial performance

5.1 Operational performance remains strong with A&E achieving the 95% standard and the Trust continuing to deliver the 18 week Referral to Treatment Target. There are however two areas of concern currently. Cancer performance has not been achieved for the last two quarters and a review of cancer services is underway. The London Cancer Alliance was invited into the Trust on the 18th September to review the cancer improvement plan and meet a number of staff within the cancer team. Plans are in place to ensure performance is on track by October 2014.

Assessing patients at risk of venous thromboembolism (VTE) is the second area of concern. There has been a significant improvement in achieving this standard; however the Trust remains slightly behind the target. Each service line has implemented plans to ensure this is achieved going forward.

The building work is progressing well in the old Nurses home and will be completed during December 2014. Staff will then be repatriated to the hospital site from Argosy and Hanover house. The replacement pipework in Esher wing will stop in October (to ensure appropriate bed capacity for winter activity) with four wards completed. This will recommence after the winter when bed requirements will be reduced again.

The roll out of CRS is progressing well having been implemented on five medical wards. All inpatient areas should be completed by the end of December 2014. Many nursing staff are commenting on how they are already seeing improvements in patient care through this as well as the IT system effectively supporting medical staff as part of their ward rounds.