# CHIEF EXECUTIVE’S REPORT

<table>
<thead>
<tr>
<th>Name of meeting:</th>
<th>Council of Governors</th>
<th>Item: 8</th>
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<tr>
<td>Date of meeting:</td>
<td>11th October 2017</td>
<td>Enclosure: B</td>
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**Purpose of the Report / Paper:** To provide the Council of Governors with information on strategic and operational issues.

**For:** Information ☒  Assurance ☐  Discussion and input ☒  Decision/approval ☐

**Sponsor (Executive Lead):** Chief Executive

**Author:** Executive Team

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**Recommendations:**

The Council of Governors is asked to note and discuss the updates provided in the report.
Chief Executive’s Report
October 2017

1. Introduction

This paper provides the Council of Governors with:

a. an update on performance and key risks that could impact upon the strategic development of the organisation; and

b. responses to questions raised by Governors in advance.

The attention of the Council of Governors is drawn to the current key risks for the Trust:

- Flow of patients through the hospital (particularly over the winter period)
- Financial sustainability – both 2017/18 and longer term planning
- Workforce
- Capacity to achieve the strategic change needed with partners to transform services in a complex system.

Mitigating actions are described, where applicable, in the paragraphs below.

QUALITY AND PERFORMANCE

2. Operational Performance Targets

The Trust operational performance remains strong. There have been improvements in both A&E and DTOC performance.

The latest validated performance position against key targets is as follows:

- A&E 4 hour wait – August 2017 - 91.34% (target 95%)
- Cancer – July 2017 – All targets were met
- Referral to Treatment – August 2017 94.47% (target 92%)
- Delayed Transfers of Care – August 2017: 4.52% (target of less than 4%)

The Hospital has a programme of work within the Hospital led by the Emergency Care Programme Board to support flow through the Hospital, which benefits performance against both the A&E target and DTOC. Recruitment of staff within the Emergency Department continues to be a national challenge but the Hospital has made significant progress in mitigating this issue. The Chief Executive has assumed the chairmanship of the Local A&E Delivery Board which brings together community partners to oversee system wide improvements that will ultimately result in faster flow and the right care in the right place for patients.

3. Queen Mary’s Roehampton - Referral to Treatment

The Trust works in partnership with St George’s University Hospitals NHS Trust (SGH) on delivery of some services at QMR, for which SGH is the lead provider. Following identification of several performance and data quality issues SGH commissioned a comprehensive review of their systems and processes that manage patients on the elective care pathway at both the St George’s Hospital and Queen Mary’s Hospital sites. The Trust Board of Kingston Hospital NHS Foundation Trust (KHFT) was alerted to significant issues at QMH revealed by the review, on a number of themes...
related to waiting list management, IT configuration, leadership, resources and operational processes that could expose patients to avoidable harm.

An Elective Care Recovery Programme has been established, initially focussing on the data quality and correction procedures that needed to be carried out immediately. To date, SGH have checked around 200,000 pathways in total across SGH and QMH. This work continues with the goal of checking nearly 500,000 pathways in total.

The causes of the issues can be summarised as IT configuration which is significantly different to the rest of St George’s exacerbated by a complex delivery model with clinical pathways that cross multiple providers and clinical staff external to St George’s. Following a meeting with their external partners in June 2017, including KHFT, SGH has been working on an agreed programme of remedial actions to ensure patient safety. The work is being monitored through the tracking of KPIs which are being reported through an agreed governance structure which includes senior representatives of KHFT. The Trust is represented clinical and managerially within the programmes of work and remains closely involved as appropriate.

4. Winter Plan

The Kingston, Richmond and Surrey Downs Local A&E Delivery Board has worked together to review and learn from the Winter of 2016/17 and to draw on best practice and the winter checklist as issued by NHS England to develop a plan for Winter 2017/18. The Winter Plan for 2017/18 was submitted to NHS Improvement on 8th September 2017. All organisations are focused on working together to deliver safe and sustainable care in what is anticipated to be a challenging time.

The plan is currently being tested, including a financial assessment of the implications of opening additional capacity and there are still issues to be resolved over the next few weeks, not least the risks around financial support for delivery of the plan.

Key parts of the Local A&E Delivery Board’s plan for Winter 2017/18 include:

a. Maintain the walk in/urgent facilities in the community as last year with current good coverage and enhance with full Urgent Streaming service at KHFT. This aims to keep the overall numbers as at Winter 2016/17 and see a reduction in minors at KHFT

b. Increase the physical capacity in KHFT Emergency Department (ED) (both Urgent care streaming and Majors and Resus) (both schemes are a target for completion October – December 2017)

c. Achieve 92% bed occupancy across the adult bed stock in KHFT as recommended by NHSI to support improved flow.

d. Enhance the Ambulatory Emergency Care Service

e. Manage the sub-acute beds in a coherent way across the system, including those at Teddington Memorial Hospital, Tolworth Hospital and the medically optimised patients in 30 beds at KHFT

f. Utilise 20 nursing home beds in Richmond for earlier discharge/step up

g. Introduce full GP led urgent care streaming model at KHFT

h. Provide a 7 day frailty service across all boroughs including social care input

i. Repeat community In reach model across 7 days as used in 2016

j. Provide increased Physician senior decision making at weekends

k. Establish an integrated choice protocol with joint escalation plans

l. Introduce a revised discharge to assess model
m. Introduce a trusted assessor model

n. Strengthen escalation process including partner response and full capacity protocol

o. Recruit staff to support the opening of escalation beds at Kingston Hospital and the increase in demand expected over the winter period in both adult and paediatric care.

p. Enhance support to ED from the child and adolescent mental health team

This is a complex plan to reflect the multiple facets of the urgent and emergency care system. It requires careful project management and real commitment from across the system to deliver the required response to winter pressures.

5. Fire Safety

The Trust has moved the fire safety agenda forward from detailed planning to a point where the physical activity has started to make inroads into the declared risks. This translates into Hardy Ward fire compartmentation and fire stopping works being extended to the replacement of the ward ceilings and the addition of energy saving lighting. The team are also taking the opportunity to paint the walls, drawing on a dementia friendly palette and also updating the bay showers and toilets, where possible, Hardy Ward has now reopened. This philosophy has been extended to Blythe Ward for delivery within a similar time frame to that of Hardy Ward. Work has also commenced on the replacement of the fire alarm system within the Maternity and DSU block and is planned to extend fully across the site within this financial year.

The London Fire Brigade (LFB) continue to meet on site at Kingston Hospital, gaining further assurance of the progress made against the plan. They are aware of the impending pressure that the winter weather will have on the Trust’s ability to release space to allow the work to proceed, but the detailed plan around temporary decant wards has, to some degree, allowed them to continue to work with the Trust without taking further action. To this end, a memorandum of understanding has been signed in partnership with LFB that underlines the open and positive relationship we maintain with the Brigade while drawing upon a wider body of experience to guarantee a long term fix for the fire related issues. The closer working ties with LFB have afforded both parties the opportunity to undertake joint training exercises that utilise the Trust buildings. Several evacuation scenarios have been formulated to support both the Trust and the LFB emergency preparedness training programmes.

6. Flu Immunisation Plan 2017

The Trust is responsible for ensuring that arrangements are in place for the vaccination of front line staff with direct patient contact. We are aiming for at least 70% of all front line clinical staff to be vaccinated against seasonal flu in this year.

The Flu campaign will commence on 2nd October with planned and roving clinics across the Trust. A full timetable of clinics will be available to staff so they can plan where and when to get their vaccine. This includes lunchtime clinics outside the canteen, early morning and evening clinics at the entrance and exits. Flu nurses will also visit clinical areas to offer the vaccine to staff.

This year we are launching a new ‘give a jab get a jab’ campaign via Unicef. For every flu vaccine that is administered the Trust will fund a lifesaving vaccine to protect a child from Tetanus.

At the end of week 4 the results of the campaign will be reviewed and the team will individually target areas with high proportions of staff yet to be vaccinated.

7. Deep Dives on Quality Issues

Since the last meeting of the Council of Governors eight Governors have participated, along with Non-Executive and Executive Directors in six deep dives. These visits covered both inpatient and outpatient departments and wards, Sexual Health, Maternity and A&E.
In September 2017 a new pilot process for Deep Dives was launched, the first visit being to A&E. As part of the new process, a matron from the area visited will present the outcome of Deep Dives, along with key points and actions, to the Clinical Quality and Improvement Committee. This will ensure the outcome of these visits feeds into the governance assurance process at the appropriate point. A summary of the visits undertaken will continue to be reported to the Council of Governors in the Chief Executive’s report.

FINANCIAL PERFORMANCE

8. Finance Position - Month 5

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<th></th>
<th>Budget YTD</th>
<th>Actual YTD</th>
<th>Variance</th>
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<tbody>
<tr>
<td></td>
<td>@ Mth 3</td>
<td>@ Mth 3</td>
<td></td>
</tr>
<tr>
<td>Patient Care Income</td>
<td>96.5</td>
<td>95.5</td>
<td>(1.0)</td>
</tr>
<tr>
<td>Other Income</td>
<td>10.2</td>
<td>10.0</td>
<td>(0.1)</td>
</tr>
<tr>
<td>Pay</td>
<td>(65.5)</td>
<td>(65.2)</td>
<td>0.2</td>
</tr>
<tr>
<td>Non Pay</td>
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<td>(36.2)</td>
<td>(0.9)</td>
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<tr>
<td>Non Operating Costs</td>
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<tr>
<td>Grand Total</td>
<td>(0.4)</td>
<td>(1.4)</td>
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The Trust’s cash position has required careful management whilst awaiting payment from CCGs for over-performance and receipt of STF funds for Q1. A full stocktake in conjunction with the CCGs will be undertaken based on the Q2 outturn. A significant risk is attached to resourcing of the winter plan and a solution has yet to be agreed. NHSI has requested information from providers on the financial consequences of winter plans, including how much has been funded, and we await the outcome of that call for data. The Board will be monitoring the situation closely through FIC.

WORKFORCE

9. Workforce Targets

Workforce Key Performance Indicators are overseen by the Trust’s Workforce Committee and reported to the Trust Board. Targets for turnover have been impacted by Brexit and delays in overseas immigration. The Trust is on target to achieve the target of over 90% of appraisals and PDRs completed by the end of the year. Turnover is currently at 17.47% against a target of 15%. Sickness levels remain low at less than 2.5%.

10. Staff Survey

The annual NHS Staff Survey was launched on 2nd October 2017. The survey is sent to all members of staff. Last year the Trust had one of the best response rates in the NHS at 51% (well above the national average). There were improvements in 55 areas and the Trust was rated in the top 20% in the country in 13 key areas. The survey also highlighted areas where there was still more to do to improve the experience of staff and the results highlighted three areas where more focus on making improvements was required:

- Health and wellbeing
- Learning and development
- Discrimination and bullying

Work has been undertaken on these areas in the past year including:
• Launched a new Health and Wellbeing Strategy focusing on Physical, Mental, Family and Financial health.

• Organised the first Health and Wellbeing conference for the 19th October.

• Appointed a dedicated chaplain to support staff and a new yoga and wellbeing practitioner.

• Continued to support and grown the MEGA (Minority Ethnic Group for All) group to continue to support our diverse workforce and implement anti-bullying measures for BAME staff.

• Introduced new corporate induction, management development and leadership training programmes

• Commenced a review of training facilities and resources including the Library.

The results of the Survey, once published, will be presented to the Trust Board and shared with the Council of Governors.

**SYSTEM TRANSFORMATION**

11. The South West London STP is being refreshed by the end of November 2017. The Trust is continuing to work with partners locally through the Local Transformation Board on a five year plan for clinical and financial sustainability. The Council of Governors Strategy Committee meeting in January 2018 will include discussion of the latest thinking on the five year plan.

**QUESTIONS RAISED BY GOVERNORS**

12. Car Parking update

The Trust is currently in the tendering process for alteration of the car parking management system. The new system is designed to address a number of the complaints we have been receiving and will include a more user-friendly interface, more diverse payment options and measures to try and assist with the smooth running and flow within the car park. The tender responses are due back within a week and this will be followed by an assessment period. It is expected that the panel will be making a recommendation for Board approval before the end of the month.

In the mid to long term the Trust is continuing to look at options to increase the car parking capacity on site. Currently with the number of building works on site there is very restricted parking which is causing some difficulty for patients and visitors. In the next month the majority of spaces by the Emergency Department will be released back into circulation which will ease congestion while we workup potential options for a permanent increase.