

CHIEF EXECUTIVE'S REPORT

Name of meeting: Trust Board	Item:
Date of meeting: 24TH September 2014	Enclosure: C
Purpose of the Report / Paper: To provide the Board with information on strategic and operational issues.	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
Sponsor (Executive Lead):	Chief Executive
Author:	Executive Team
Author Contact Details:	kate.grimes@kingstonhospital.nhs.uk 020 8934 2814
Risk Implications - Link to Assurance Framework or Corporate Risk Register:	The issues outlined in this report touch on many of the Trusts objectives and risks
Link to Relevant Corporate Objective:	The issues outlined in this report touch on many of the Trusts objectives and risks
Document Previously Considered By:	
Recommendations:	
The Trust Board is asked to note and discuss the updates provided in the report.	

Chief Executive's Report

September 2014

1. Summary

This paper provides the Board with an update on some of the key areas of activity that could impact upon the strategic development of the organisation. This includes Better Care Fund update and changes at Health Education England.

2. External Environment

2.1 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.

2.2 Changes at Health Education England (HEE)

As outlined at the last meeting, HEE have confirmed some changes to the way they are governed. LETBs remain with delegated budgets, with boards being led by independent chairs. London & South East England now come under one Director and Julie Screaton, the current Managing Director of the South London LETB has been appointed to this role. Directors for each of the four LETB's in the new region are currently being appointed.

2.3 Monitor Updates

2.3.1 Governors survey

Monitor has asked for feedback from governors on their role and views on further training and support they feel is needed. This has been shared with our governors who have been encouraged to participate.

2.3.2 York Teaching Hospital NHSFT

Monitor will shortly announce the outcome of its investigation into A&E and Cancer waits at the hospital. The Trust has failed to meet the quarterly A & E targets for the fifth time in two years.

2.3.3 Trusts in special measures

East Kent University NHSFT has been put in special measures following a CQC inspection. Issues relate to A &E, surgery, services for young people as well as patient safety affected by low staffing levels and cultural issues and feedback through the staff survey citing cases of bullying and harassment. An improvement director has been appointed. An additional licence condition has been imposed, whereby further action could be taken, if sufficient progress is not made, to replace members of the leadership team if necessary.

Monitor has published a report on the eleven trusts put in special measures in July 2013 - Special measures: 1 year on. Of the eleven, two have been taken out of special measures and now have ratings of 'good' overall they are Basildon and Thurrock University NHSFT and George Elliot NHS Trust. Buckinghamshire Healthcare NHSFT, East Lancashire NHS Trust and North Lincolnshire and Goole NHSFT have been rated as 'requires improvement' so have been taken out of special measures but continue to have additional support.

2.3.4 Learning from models of care in other countries

Following publication in June 2014 of Monitor's review '*Facing the Future: smaller acute providers*', Monitor is looking at how countries such as France, Germany, Canada and America provide services, particularly A & E, Stroke and Maternity, to see what lessons the NHS can adapt in its own models of care. This analysis will be shared later in the year along with comparative evidence on acute providers.

2.3.5 Governance Review plans

The Board will be looking at governance at its development session in November. This will include discussion with the clinical leaders on the Quality Governance Memorandum, receiving and reviewing the outcome of the planned internal audit on service line

management governance, and discussion on implications and actions required following publication of the Monitor review 'Well Led Framework for governance'.

An update will be taken to the Council of Governors in October about the council's role in assuring itself around how the Trust is responding to the requirements of the Risk Assurance Framework.

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 twenty two new nurses started on 8th September 2014. This includes the first of three cohorts of nursing staff from Spain & Portugal. A further one hundred and twenty five 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.

The Trust Board will receive a full update in November 2014 with the next six months monthly nursing, midwifery & care staffing update.

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.

Category	KHFT Score	National Average Score
Cleanliness	96.3%	97.4%
Condition, Appearance and Maintenance	90.0%	91.3%
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.

5. Operational 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.

5.2 Communications

The Team have been working on a number of campaigns and projects since the last Trust Board meeting in July, in particular the plans for the AGM and Annual Staff awards, development and launch of a new maternity website, designing a new mandatory training booklet and supporting the development of the fundraising appeal. Other projects include:

- Production of the Annual Review
- Co-ordinating and promoting the Monthly Staff Excellence Awards process;
- Production of Team Briefing;
- Supporting communications around improvements to the Estate and Patient Administration;
- Membership engagement and publicising the forthcoming Governor elections

On a daily basis the team also monitors news sites, updates our social media feeds (Twitter and Facebook) and compiles staff emails/updates. The number of followers we have on Twitter is now almost 5,400 and we have 1,050 likes on Facebook.

The communications team are now regularly tracking website usage and we have:

- An average of 12,000 visitors per week.
- 16% new and 84% returning visitors.
- 48,500 users per month.
- 121,000 page views per month.
- 40,000 using windows to access the website and 8,000 iOS (Apple device).
- 46% female and 54% male.
- 60% of visitors are 18-34 years old and 11% over 55.