

CHIEF EXECUTIVE'S REPORT

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| Name of meeting: Trust Board | Item: |
| Date of meeting: 26TH November 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 |
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| 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: | |
| <p>The Trust Board is asked to note and discuss the updates provided in the report. In addition the Board is asked to</p> <ul style="list-style-type: none"> • Approve the new vision statement • Note specifically that the Hillsborough recommendations have been implemented within the Trust. | |

Chief Executive's Report

November 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.

2. External Environment

2.1 NHS England Letter re Hillsborough Report

Following the Hillsborough disaster, which killed 96 people in 1989, an Independent Panel Report was produced and released in 2012, which gave a full analysis of NHS arrangements for managing incidents at large crowd events. This report made a number of recommendations for NHS organisations in preparing for such incidents and the London Local Health Resilience Partnership (LHRP) has requested assurance from every NHS provider that the report recommendations are being complied with. We have been asked that the Trust board has sight of these recommendations and the recommendations are signed off to show that we have implemented the recommendations within the Trust. All relevant recommendations from the Hillsborough have now been implemented as detailed on the Hillsborough assurance letter (attached), which has been signed by the Trust's Accountable Emergency Officer (Charles Bruce). This includes, arrangements for post-incident debriefing, attendance at Safety Advisory Groups and training and exercising of staff in emergency response procedures. Please see appendix 1.

2.2 NHS England Five Forward Vision

In October 2014, Simon Stevens, CEO of NHS England, published the Five Year Forward Vision which has been circulated to all Board members. This is a key document in setting out models of care for the future and the future direction for the NHS. The document envisages greater integration across primary, community, acute and mental health care as well as with social services as well as a much stronger focus nationally on prevention. This fits with the trusts vision for the future. The Trust is working closely with other local providers and commissioners to explore the local response to this document.

2.3 Chelsea & Westminster Updates (CQC and merger)

Further to the full business case presented to the NTDA earlier in the summer, the competition and market authority launched an inquiry as to the affect the planned

acquisition would have on competition in the sector on the 24th October 2014 and a decision is expected to be communicated on 19th December 2014. The trusts have continued to work closely together throughout this period with the recent appointment of Dr Roger Chinn from Chelsea and Westminster as the new Medical Director at the West Middlesex.

2.4 Monitor Updates

FT authorisations

Three NHS Trusts were authorised from 1 November 2014.

- Bridgewater Community Healthcare NHS Trust in the north west of England
- Derbyshire Community Health Services NHS Trust and
- Royal United Hospital Bath NHS Trust have been authorised by Monitor as foundation trusts, effective from 1 November 2014.

Bridgewater and Derbyshire are the first community health trusts (which provide care closer to people's homes) to achieve foundation trust status.

There are now 149 NHS foundation trusts in total, over 60% of all trusts in England's NHS.

Monitor interventions and investigations

Additional Trusts at which Monitor is taking action are:

Heart of England NHS FT - action is being taken to improve services and strengthen the leadership so that patients receive better care. A further condition has been imposed on their licence which will enable further action to be taken around the leadership of the Trust.

Action was taken after the Trust failed to reduce long waiting times for A&E, routine operations and cancer care patients, together with additional concerns regarding mortality rates. The regulator has decided that the range and seriousness of these issues demonstrate a clear failure in leadership and the trust's organisational systems. The trust and Monitor have also agreed new legally binding enforcement undertakings aimed at improving these care services on a sustainable basis. Monitor first found HEFT in suspected breach of its licence to provide healthcare in December 2013, after it failed to meet national targets at 2 of its hospitals, for treating patients in A&E within 4 hours.

HEFT provides services across the West Midlands at Birmingham Heartlands Hospital, Good Hope Hospital, Solihull Hospital and Community Services at the Birmingham Chest Clinic.

Great Western Hospitals NHS FT – action is being taken around financial issues with the Trust losing money and predicting finances will further deteriorate over the coming year. Part of the problem is that the hospital's costs are increasing because of more patients requiring emergency treatment. The trust has put plans in place to improve its finances, but Monitor would like to understand whether more should be done to tackle the problem in the long term.

Mid Staffordshire NHS FT – patients will be treated by neighbouring NHS trusts following the formal transfer of services on 1 November 2014. Services at County Hospital (formerly Stafford Hospital) and Cannock Chase Hospital will be provided by University Hospitals of North Midlands NHS Trust and The Royal Wolverhampton Hospital NHS Trust respectively. Both hospitals will remain open. In order for any outstanding criminal cases to be dealt with, a shell legal entity will remain in place temporarily. As such, Tim Rideout, a former primary care trust chief executive, will be appointed as part-time administrator, to work as and when required.

Yeovil District Hospital NHS FT – action is being taken around short term financial issues. The trust has been developing longer-term plans to improve how it works and to integrate care across South Somerset by working together with organisations including social services and GPs. However its short-term financial position has deteriorated. The Monitor investigation will look at the short term finances and what is needed to put improvements in place to best support long term plans.

Milton Keynes NHS FT – further action is being taken after the trust failed to fully address existing concerns over its clinical and financial performance. As a result, the trust has now agreed with Monitor to take the following legally binding steps:

- develop and implement an updated plan to address its A&E problems, such as patients waiting longer than 4 hours to be seen
- develop and put into action a plan to improve its finances
- ensure any future problems with its finances or services are identified and properly dealt with
- ensure that its plans fit in with the findings and recommendations of the Bedfordshire and Milton Keynes Healthcare Review

Calderdale and Huddersfield NHS FT – an investigation has been launched into why finances have deteriorated.

Thameside Hospital NHS FT – PWC will work with the team to help find a long term solution for patients, with the aim of developing fully integrated healthcare locally, bringing health and social care services together. The cost of up to £2 million will be funded by Monitor, as part of its commitment to make the health sector work better for patients.

Taunton and Somerset NHS FT - Patients have been waiting more than the 18 week target for day case or inpatient procedures which has prompted Monitor to launch an investigation. For the past 9 months the trust also missed the target for treating patients who are referred to hospital for an outpatient procedure. The Trust failed to deliver its own recovery plans to get waiting times back to an acceptable level, and Monitor would like to understand what more could be done to shorten waiting times.

3. Internal Environment

3.1 Staff Strike

On 13th October 2014 some of the Trust recognised Trade Unions took authorised industrial action in response to the Government's decision not to award a 1% pay rise to NHS staff. This action took place between 7.00 and 11.00 am. The Society of Radiographers (SOR) action took place on 20 October 2014. Trust management and staff side worked together to ensure the least amount of disruption to patients in our care. The next date for strike action is Monday 24 November and, once again, this will take the form of a four hour stoppage running from 07.00 to 11.00. The trade unions taking part will be Royal College of Midwives (RCM), Society of Radiographers (SOR), UNISON and Unite, as well as Association of Occupational Therapists, Managers in Partnership (MiP), GMB and Union of Construction, Allied Trades and Technicians (UCATT). This will be followed by "action short of strike action" between 25 November and 30 November, which will also include the Hospital Consultants and Specialists Association and the British Dietetic Association.

Minimum staffing levels were agreed with the relevant union for the action on 13 October 2014. We are in the process of endorsing the same levels with unions with the exception of SOR. We are reviewing the minimum staffing for radiology with SOR to ensure that the levels are safe. To date, the RCM have confirmed that the same staffing levels in Maternity will be maintained. Our priority will be to ensure that there is as little disruption to patient care as possible.

3.2 The Trust's Refreshed Vision Statement

At the end of July 2014 work started to update the vision statement for the Trust. 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 agreed upon at that time was: *"To be the hospital of choice for our local community, recognised for excellent and innovative emergency, surgical, acute medicine and community services, delivered by caring and valued staff."*

Whilst much of this is still relevant it was agreed that the language should be reviewed and that the refreshed vision should describe more clearly where the Trust wants to be in five years' time. Some of the concerns identified included use of the word 'hospital' when staff are increasingly working across organisational boundaries and into the community with the aim of providing more integrated care. In addition, listing particular services is limiting and not very inclusive.

Following conversations with the Board and at the Clinical Leaders Forum in September 2014, a draft vision was developed for engagement. This was "To be first choice for patients by delivering outstanding, compassionate care – each and every time". Engagement with staff, patients and governors took place in September and October 2014 including:

- Discussion at the main Council of Governors meeting
- Staff, patient and governor engagement sessions and
- Team briefing with feedback sought from teams

Through these routes views were sought on the draft vision and suggestions were invited for a more compelling vision.

Common themes emerging from the engagement process included:

- Support for 'compassionate' and 'each and every time'
- Preference for the use of 'exceptional' rather than 'outstanding'
- Concern about the expressions 'first choice' and 'for patients' as the latter excludes certain groups e.g. carers and pregnant women
- Suggestion that the term 'working together' should be reflected

At the Board Development Forum at the beginning of November 2014 this feedback was reviewed and based on this the Board came up with a revised vision. This is:

"Working together to deliver exceptional, compassionate care – each and every time."

This was discussed with the Council of Governors Strategy Committee on November 2014. They agreed that it was a big improvement on the current vision statement and particularly liked 'exceptional, compassionate care' and there was general support for 'each and every time'. The committee was divided on 'working together' with some members strongly in favour of keeping this expression and others feeling it would be better to lose the expression to shorten the statement.

The Board is now asked to formally approve the new vision statement or agree any further changes based on the feedback.

3.3 Patient & Public Involvement

As reported in the July 2014 Trust Board update on the Patient and Public Involvement Strategy, the future of the Patient Assembly has been under discussion. Over recent months, the Trust has been engaged in discussions with the Patient Assembly regarding its effectiveness and possible changes in form and membership going forward. We acknowledged at the time that the focus on service redesign was not what some members of the Patient Assembly had signed up for and the transition into this new role has not been as effective as it could be. The Trust has committed to more actively engaging patients in service redesign, working alongside service line team. These discussions have now concluded, and it has been agreed that a solution that accelerates patient and public involvement in service redesign and utilises the skills and commitment of members of the Patient Assembly productively, with the formation of a group of Quality Improvement Volunteers.

As a result the Patient Assembly has now formally ceased. All existing members of the Patient Assembly were offered the opportunity to continue to work on service redesign as part of a group of Quality Improvement volunteers, and we are pleased that nine members have taken up this opportunity. Incorporating the previous members of the Patient Assembly, the group of Quality Improvement volunteers are being expanded to 20 members initially. Upon completion of training, volunteers may join the Quality Improvement Volunteer Group and will be presented with a work programme of opportunities for involvement that is driven by Kingston Hospital's Quality Improvement Programme.

It is recognised that there is more to do in reaching the goal of patients and the public working alongside all areas of the Trust to redesign services. As the PPI Strategy 2013-15 will require review in 2015 we are currently considering bringing this review forward to enable and effective dialogue with partners to further progress PPI in the Trust. The new Patient Experience Manager who starts in December 2014 will be refreshing the map of all

the patient & public involvement across the Trust in advance of this work, in order to show where this is in place already and which areas require further focus.

The Board will be interested to note that the Trusts new Children's & Young Peoples Board that has been established is in the process of seeking a young person and a parent to join the group to assist in the improvement of services to Children & Young people across the Trust. The Royal Eye Unit are pleased to have just sourced a representative from the Kingston Visual Impairment Parliament to work alongside them on the community ophthalmology review and procurement steering group, and continue to work with the Thomas Pocklington Trust to improve services.

3.4 Patient Transport

The Patient Transport Tender is progressing in order to have a new contract in place by April 1st 2015. The tender is due to be issued week commencing 24th November. The Trust has shortlisted 5 companies who will be entering the final bidding process, all are established companies delivering Patient Transport to other hospitals. Following the issue of the tender the assessments and presentations will take place and a recommendation be made to allow approval to take place at the January Trust Board Meeting.

3.5 Ward Trolley

At the volunteer story in the Trust Board in September 2014, the need for a newspaper trolley going to the wards was identified as an issue. A new trolley service providing items for sale to patients and staff in the ward areas including newspapers and confectionary is therefore due to commence in late December 2014. The Volunteers who will be taking on the trolley service will start on 1st December 2014, and will be receiving induction and training from the RVS café during the first 2-4 weeks. This has been enabled by additional full time volunteers from a scheme to facilitate people into work.

3.6 New Inpatient Menu

Since the last Trust Board, progress has been made in making improvements to the food offered to in-patients. This is in response to patient, staff and volunteer feedback; and in line with the 2014 PLACE results. The Trust has now approved new menus which will be introduced during the week of 19th January 2015. There will be an improved selection of choice for all meals to include; an egg option, fruit and yoghurt for breakfast with the addition of sausages and bacon at the weekend, a light meal option and main course option that will better meet the requirements of the patients. Included in this will be homemade soup and new options of food in general. Wards will use this as an opportunity to fix the main meal to be either at lunchtime or in the evening depending on that that aligns with their patient population's needs and choice. In addition to this a new 'plated'

service will be introduced into Maternity that will be able to offer greater flexibility for the women using this service. A programme of menu familiarisation sessions will be held with key Trust and ISS staff in the weeks before the introduction. This progress is in addition to the changes already made such as the warm fresh cake in the afternoon, additional ward based snacks and finger foods for patients most at risk.

3.7 Boots Pharmacy Update

Following the recent tendering process the Trust has now signed the contract with Boots to build and run its outpatient and A&E pharmacy. The Boots team of contractors are on site and building and fitting out the pharmacy dispensary and retail store which is due to open the 1st week In December 2014. Opening hours will be Monday to Friday 9am- 6:30pm, Saturday 10am – 4pm and Sunday 10am – 2pm. All inpatients work will remain with the Hospital pharmacy team.

Boots have employed a team of people, headed up by a Pharmacy Store Manager and they are all on site getting their CRS and other training and shadowing their pharmacy colleagues to learn how Kingston does things.

This development is expected to bring a number of benefits including:

- An improved environment for patients and staff
- Flexibility to patients through access to a wider network of commercial pharmacies for drug delivery
- A retail service on site with a 10% staff discount
- Access to a wider pool of outpatient trained pharmacists
- Improved access out of traditional hospital hours to support the Trust's 7 day working strategy
- Reduced costs

3.8 Update on Seasonal flu Immunisation

We are responsible for ensuring that arrangements are in place for the vaccination of our healthcare workers with direct patient contact. We are aiming for 75% of all front line staff to be vaccinated against seasonal flu in this years campaign. Last year we achieved 56%. This year we are on target to achieve 60% if we vaccinate 57 people per week or 11-12 a day for the remaining period. As of 7 November 2014 44.2% of our frontline staff have been vaccinated. That equates to 39.5% of our doctors, 46.5% of our nurses, 50% of all our allied health professionals. This year the Occupational Health and Wellbeing Service has been administering the programme in conjunction with Flu Nurse Volunteers (FNVs), who have been sourced from our own clinical staff to provide vaccinations in

clinical areas for staff that are generally hard to reach. Prizes will be awarded for the FNVs who vaccinate the highest number of staff as well as randomly selected individuals who undertake the flu jab. In addition to the dedicated clinics in the Health and Wellbeing Unit, Occupational Health Practitioners have been administering the vaccine in specified clinical areas.

3.9 Ebola Preparedness

In October 2014 the Trust was asked to provide assurance to NHS England on our readiness to deal with suspected or actual Ebola cases that may present to the hospital. This follows preparations the Trust has been making over prior months in response to the worsening Ebola situation in West Africa. The Trust was able to provide the level of assurance required in line with national preparedness guidance, and continue to monitor for changes in guidance in light of emerging issues.

The following provide the Board with a summary of measures undertaken to ensure the Trust is prepared.

- Made available a fully stocked Ebola Personal Protective Equipment (PPE) trolley within the major incident cupboard in ED, which is stocked and managed by the Infection Control Team.
- Rolled out a programme of fit testing, awareness training in PPE and made available the PPE donning and undressing guides in the isolation room and with the PPE trolley.
- Produced a step by step procedure for receptionists and nursing staff to identify and respond to any suspected Ebola cases. This includes information on the correct alerting procedure to relevant internal and external people and departments.
- Informed On-Call Managers of the reporting mechanisms to NHS England of any suspected Ebola cases.
- The Trust's Viral Haemorrhagic Fever (VHF) guidelines have been updated approved, and these include arrangements for the transfer of Ebola patients off site.
- Identified an isolation room only to be used in the event of suspected Ebola cases, this has been stocked with the required equipment and screens made available to limit access to this area
- Ebola posters that were circulated by NHS England central team and the Public Health England (PHE) patient management algorithm
- Sent out trust wide emails to all staff detailing the symptoms of Ebola and management of suspected cases. A further update has been provided in the November team brief.
- Our Category A waste management procedures have been reviewed and made available within the major incident cupboard additional resources required for management of Ebola patient waste.

- Carried out a walkthrough of the management of a suspected Ebola case, including identification of them at the reception desk and use of the isolation room. This identified some useful points to help ensure that the process would run more smoothly, which have been included in the actions taken above.

4. Operational performance

4.1 Operational Performance

Operational performance remains good with A&E achieving the 95% standard and trust continuing to deliver the 18 week Referral to Treatment target. Following the London Cancer Alliance engagement with clinical staff and MDT coordinators, a robust plan is now in place to bring improvements in cancer waiting times. Performance has improved and is being tracked weekly by Executive Officers. This is proactively reviewed by EMC. Assessing patients at risk of venous thromboembolism (VTE) has improved following the introduction of eprescribing and clinical documentation on all medical wards including A&E and Acute Assessment Unit (AAU). The surgical areas in Admission on the Day/Alex Ward and theatres are now live with the implementation of CRS and remaining Surgery wards will be fully operational in the forthcoming months. This implementation will fully aid the desired improvement of the VTE assessment.

The People First programme, our Administration Improvement programme has been refreshed and fully understands the causes and themes of our patient administration systems. We have a robust action plan which builds on progress to date but for the first time recognises the need to reach further and deeper in order to achieve the high quality, sustainable improvements we seek. I will report progress over the forth coming months.

Our Winter Planning has engaged with our CCG and Community colleagues and has developed plans to open escalation acute beds as required and additional staffing to support patient flow.

Staff Flu Immunisation Campaign, this has been launched with vaccination being available on all sites and including departmental/Service Lines sessions, so that staff do not have to leave their work places to have the vaccinations. As with previous years, peer vaccination is being used to increase compliance rates.

4.2 Communications

The Team have been working on a number of campaigns and projects since the last Board meeting in November, in particular the planning and delivery of the AGM and Annual Staff

Awards, launch of the dementia fundraising appeal and launch of the redeveloped maternity website. On an ongoing basis the communications team regularly use twitter and facebook and monitor external activity and number of followers. The Trust currently has 1,275 facebook likes, 5,670 followers on twitter and more than 12,000 visitors to the Trust website every week. Other projects include:

- Members health talks – Dermatology and Volunteering
- Clinical outcomes and patient experience data added to website
- Development and launch of mandatory training booklets
- Annual Planning interactive marketplace event
- Planning for the launch of Public wifi
- Planning Christmas activities
- Co-ordinating and promoting the Monthly Staff Excellence Awards process;
- Production of Team Briefing;
- Membership engagement and publicising the current Governor elections

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

- An average of 112,000 users per month (up from 48,500 in August/Sept)
- 11% new and 89% returning visitors.
- 201,000 page views per month.