

### CHIEF EXECUTIVE'S REPORT

<b>Name of meeting: Trust Board</b>	<b>Item: 7</b>
<b>Date of meeting: 1<sup>st</sup> December 2016</b>	<b>Enclosure: C</b>
<b>Purpose of the Report / Paper:</b> To provide the Board with information on strategic and operational issues.	
<b>For: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Discussion and input</b> <input checked="" type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
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<b>Risk Implications - Link to Assurance Framework or Corporate Risk Register:</b>	The issues outlined in this report touch on many of the Trusts objectives and risks
<b>Link to Relevant Corporate Objective:</b>	The issues outlined in this report touch on many of the Trusts objectives and risks
<b>Document Previously Considered By:</b>	
<b>Recommendations:</b> The Trust Board is asked to <b>note</b> and discuss the content of this report.	

## Chief Executive's Report

December 2016

### 1. Introduction

This paper provides the Board with an overview of matters to bring to the Board's attention which are not covered elsewhere on the agenda for this meeting. The Board is asked to note the content of this report.

### 2. Current developments not elsewhere on the agenda

#### 2.1 South West London Sustainability and Transformation Plan (SWL STP)

The Sustainability and Transformation Plan (STP) for SW London was officially published on the 14<sup>th</sup> November 2016. The plan suggests that hospitals will need to work differently, with more clinical networking and possibly fewer hospitals providing acute services such as A&E, obstetrics and specialist paediatrics. However, the plan doesn't rule out keeping these services at all five acute hospitals. The plan is built around four key aims:

- To use our money and staff differently to build services around the needs of patients
- Invest in more and better services in local communities
- Invest in our estates to bring them up to scratch
- Try to bring all services up to the standard of the best

During December 2016 and January 2017 there will be a period of public engagement.

The SWL STP central team is in the process of planning the next stage of implementation of the STP, concentrating in particular on work at sub-regional levels to implement the out of hospital shift; delivery of the national priorities; and reconfiguration.

#### 2.2 Changes to CCGs

As part of the development of the SW London Sustainability and Transformation Plan (STP), there has been some discussion about the best operating model to deliver the plan. The six Clinical Commissioning Groups (CCGs) across SW London have agreed to that from April 2018, five CCGs (Kingston, Merton, Richmond, Sutton and Wandsworth) will work collectively under one Accountable Officer alongside Croydon CCG. There will be a staged approach to achieving this change and the current operating arrangements within the six CCGs will remain in place throughout the remainder of this financial year and from April 2017, an interim model will operate made up of three groupings of CCGs – Croydon (retaining its Chief Accountable Officer); Kingston, Merton, Richmond, Wandsworth (one Accountable Officer for all four) and Sutton (retaining its Chief Accountable Officer).

### 2.3 St George's University Hospital NHS Foundation Trust Waitlist

Ongoing discussions as to how Kingston can help are continuing at Executive level. These are focusing on Upper and Lower GI, ENT, Gynaecology, Trauma and Orthopaedics and Urology. To date, we have accepted a number of ENT patients.

### 2.4 Junior Doctors Contract Update

On 10<sup>th</sup> November 2016, the BMA's Junior Doctors Committee withdrew its current mandate for industrial action. This means the strikes planned for November and December have been withdrawn and a fresh mandate would be needed for any future industrial action

The Trust is very aware of the continued strong feelings of many of its Junior Doctor population and the Medical and Workforce Directors have an ongoing dialogue with this group to ensure the Junior Doctor contract is implemented in a thorough and fair way and to work with our juniors on other related issues.

### 2.5 NHSI action and exhortation to further reduce agency spend

Letters from NHSI were received on 7<sup>th</sup> and 17<sup>th</sup> October 2016 (Appendix A) which set out the actions required of Trusts to ensure further action to reduce agency spend . The Directors of Workforce and Finance have been asked to ensure compliance. For Workforce this is being achieved by the Workforce Pay Control Group, which now oversees Bank, Agency Pay and Vacancy Control; it meets weekly and is chaired by the Director of Workforce. The first template return is due on 30<sup>th</sup> November 2016 and will be signed off by Directors before submission. The Trusts compliance is high but we do have some breaches around Speciality Medical Locums, these are very scarce skill roles and mitigation is difficult in a supplier-led market. More positively, the Trust is the second best performing Trust in London on agency spend versus its trajectory.

### 2.6 Staff Bank

On 2<sup>nd</sup> November 2016 the Trust Board approved the outsourcing of its Staff Bank activity and team to an external provider, Bank Partners, following a procurement process. This outsourcing is key to enabling the Trust to continue to migrate its temporary staffing needs from Agency to Bank and to providing better coverage, a wider staff pool and 24/7 access. The transfer of staff (4) in the Staff Bank management team will be under TUPE and is likely to be effective from 1<sup>st</sup> February 2017.

### 2.7 Clinical Decision Unit

The new Clinical Decisions Unit attached to A&E opened for patients on Wednesday 23<sup>rd</sup> November 2016. The aim of the new unit is to care for patients coming through A&E who require further treatment or evaluation to support safe discharge (beyond four hours), but do not

need to be admitted as an inpatient. The unit has six beds with single sex facilities for three male and three female patients and will operate 24 hours a day seven days a week.

### 3. Appointments

#### 3.1 Associate Medical Directors

The Trust is pleased to announce the appointment of Amira Girgis & Allan Jones as Associate Medical Directors who took up the post from 1<sup>st</sup> November 2016. The Board would like to thank John Wong, Divisional Director for Clinical Support Services and Mark Spring, Divisional Director for Emergency Services for their hard work and support to the Trust.

#### 3.2 Improvement Team

The Trust has created an improvement team in order to support cross cutting transformational change, generation and support of improvement initiatives at all levels of the Trust. The new team will be led by a newly appointed Head of Improvement, who will report to the Director of Nursing & Patient Experience. The start date for the new Head of Improvement is currently being negotiated. The team centralises existing posts within the Trust focused on supporting projects and is supplemented by additional roles. This will avoid the need for the Trust's to bring in additional interim support to deliver improvement projects, which is often at a greater cost. Examples of areas for focus initially include theatre productivity, medical records transformation, reducing length of stay and outpatients transformation.

#### 3.3 Freedom to Speak Up Guardians

Following his review and subsequent report into the failings in Mid-Staffordshire, Sir Robert Francis recommended the appointment of a National Guardian for speaking up freely and safely, as well as local Freedom to Speak Up Guardians (FTSU) in all NHS trusts.

Dr Henrietta Hughes has commenced as the new National Guardian. She is a practising GP with over 20 years of experience across primary, secondary and community healthcare and has been Medical Director for NHS England's North Central and East London region since April 2013. As the National Guardian, Dr Hughes will help to lead a cultural change within the NHS and this will include leading, advising and supporting the growing network of 'Freedom to Speak Up' Guardians within NHS trusts.

The Trust is in the process of appointing our local Freedom to Speak Up Guardian, with interviews taking place on 7<sup>th</sup> December 2016.

#### 4. Governance

##### 4.1 Single Oversight Framework - Segmentation

NHS Improvement has placed all trusts into one of four segments based on how they are performing across quality of care, finance, use of resources, operational performance, strategic change and leadership and improvement capability. The segments are currently indicative or 'shadow' and will determine how much support the trust needs around improvement. The formal segments will be set shortly.

The segments run from one to four, with one meaning there is very little or no support required currently from NHS Improvement through to four which is for providers in special measures. We have been placed in segment two and will receive some targeted support in any areas where improvement is needed. We will be working with our NHS Improvement relationship manager to identify what support we do need and to agree the focus for our areas of improvement. Our understanding is that this system will be fluid and segments reviewed periodically.

##### 4.2 Board Assurance/Corporate Risk Assessment

The Board Assurance Framework (BAF) is the means by which the Board monitors progress towards achievement of the annual corporate objectives and identifies sources of assurance that the risks to achieving these objectives are being managed.

The Board is asked to note the content of Appendix B, which shows the BAF 2016/17 for month 7. Board members will be aware that in October 2016 the Executive Management Committee discussed the top risks facing the Trust and identified the following:

- Failure to meet the Trusts long term CIP requirements
- Failure to achieve A&E STF Trajectory
- Non-payment for in-year over delivery of contract
- Risk of harm to patients with mental health problems due to late mental health intervention
- Reputational or financial risks arising from performance of associated partnerships
- Capacity, focus and bandwidth of leadership/senior time and resource
- Availability of medical workforce
- Operational capacity to cope with surges
- Outpatients/Out of Hospital - income challenge

The Board has asked the Company Secretary to review the format of the BAF for the Board to be in a position to agree the revised format prior to the start of 2017/18.

## 5. Things to celebrate

### 5.1 Annual Staff Awards

The Trust led its second annual #teamKHFT awards ceremony on 17<sup>th</sup> November 2016 and celebrated the hard work and achievement of staff and it was a huge success. The evening was attended by 180 people and staff were nominated by colleagues, patients and carers across 14 award categories incorporating the values of the Trust – Caring, Responsible, Safe and Value Each Other. 35 awards were presented on the evening including; frontline and behind the scenes teams and staff members of the year; patient's choice; positivity champion and unsung hero of the year. The awards were hosted by TV presenter and local resident Angelica Bell.

### 5.2 Long Service Awards

We held a long service awards ceremony on 26<sup>th</sup> October 2016 and celebrated the long service and dedication of 26 staff who have completed at least 25 years' service in the NHS. Awards were given for 25, 30 and 40 years' service, of which there were two. The event was held at Kingston Lodge Hotel and also included afternoon tea.

### 5.3 Dementia Ward Opens

The Trust's first dementia friendly ward opened to patients on 22<sup>nd</sup> November 2016. Its opening is the culmination of a clear aim of the Trust's Dementia Strategy, which has been supported by the Trust's Dementia Appeal. A team of staff, carers, stakeholders, architects and design experts have used best practice examples and the latest environmental design research to develop the unit. Features include a day room; therapeutic activities room; individualised bed space designs; new lighting including a human centric lighting system; a multidisciplinary team room; a carers information area; art; removal of the nurses station and bay based nursing desk units; and TV screens playing generation specific films. An official opening of the unit will take place in 2017.

On 24<sup>th</sup> November 2016 the Trust hosted a visit from Sir Bruce Keogh, Medical Director, NHS England to Derwent Ward within its first week of operation as a ground breaking dementia friendly ward.

Sir Bruce Keogh was joined by Dr Naz Jivani, Clinical Chair, Kingston Clinical Commissioning Group, who has been strongly supportive of the Trust's Dementia strategy and senior clinical colleagues. Dr Louise Hogh, Clinical Director for Elderly Care patients explained to Sir Bruce the innovative use of lighting, colour and furnishings to respond to the particular needs of these patients and the evidence base used to develop the solutions in the ward.