

### CHIEF EXECUTIVE'S REPORT

<b>Name of meeting: Trust Board</b>	<b>Item: 7</b>
<b>Date of meeting: 11<sup>th</sup> July 2018</b>	<b>Enclosure: C</b>
<b>Purpose of the Report / Paper:</b> To provide the Board with information on strategic and operational issues not covered elsewhere in the agenda.	
<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>	N/A
<b>Recommendations:</b>  The Trust Board is asked to <b>note</b> the content of this report.	

# Chief Executive's Report

July 2018

## 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 progress on internal matters not elsewhere on the agenda

### 2.1 South West London Health & Care Partnership Programme Board

The SWL Health & Care Partnership Board met on 2<sup>nd</sup> July 2018 to review capital submission for the WAVE 4 capital submission. The top three priorities were identified as 1. Digital integration 2. ITU capacity (including Kingston Hospital NHS Foundation Trust) 3. Primary Care developments.

The submission accompanied by a draft estates strategy had to be submitted by 6<sup>th</sup> July 2018 although Board members have been kept informed. A fuller update will be circulated at the next Trust Board meeting,

### 2.2 National Inpatient Survey

The Care Quality Commission have published the results of the National Inpatient Survey with responses taken from adult patients who had an inpatient stay in July 2017.

The Trust's score for each question lies in the grey section of the graph and which indicates that our results are 'about the same' as most other trusts in the survey.

The Trust has already received its own detailed results and has subsequently been developing and implementing actions as a result of this feedback. The current inpatients in the Trust (July 2018) will be the patients will be asked to complete the 2018 National Inpatients Survey and there is a robust communications strategy in place to highlight this in order to enhance the response rate from patients and carers for the report due in the summer of 2019.

### 2.3 Capital Programme Update

Staff will have witnessed the fenced off areas around Esher Wing which facilitates the safe access to the building. The issue is that some of the external tiling does not have an effective expansion joint which has caused some the surface area to fall to the floor. The building is completely safe but obviously the estates team have to take the appropriate action to mitigate all risks associated with the building fabric.

### 2.4 Fire safety work

We are making good progress with the programme of fire safety work. Key areas of focus for the coming year include Esher Wing, Maternity and Bernard Meade and we continue to take appropriate mitigating action while the work is ongoing. While we are completing the fire safety works we are also taking the opportunity to improve the quality of the immediate environment.

## 2.5 Generating Value from Our Estate

One of our key priorities is to ensure that we generate value from our estate and modernise the facilities from which we deliver services to patients. We are working with the Local Authority to think about how our estate might evolve over time to increase provision of key worker accommodation in the locality and make best use of the Hospital site to deliver the health services of the future. As our views crystallise we will be engaging with staff, patients and stakeholders from across the local community to help us think about the decisions we will need to make.

## 2.6 CQC Inspection

The final part of the Trust's CQC inspection took place in early June 2018, with the Well-led review and the Use of Resources assessment both being carried out with the Trust's senior leadership team and the Trust board. Both of these elements of the inspection went as well as we could have hoped, no immediate issues were raised. The Trust Board would like to thank staff for all of the work they did to prepare for both the clinical services inspection and the well led and use of resources inspections.

The Trust is now waiting to receive the final report using all the information the CQC Inspection team gathered during the inspection, the Well-led review, Use of Resources assessment and the patient and staff engagement events. The Trust expects to receive our final report in mid-August.

## 2.7 Health Education England (HEE) Workforce Strategy

The Board will recall that the Director of Workforce agreed to respond with views on the HEE National Workforce Strategy. The Board's views were resonant of many Trusts in London and HR Directors agreed a collective response would be more meaningful than an array of individual responses. Ann Macintyre, Chair of HR for London, submitted the attached response on behalf of London Trusts which I now enclose for Board members' information.

HEE have promised a response before publishing the final Strategy this autumn.

## 2.8 Prime Minister's speech on NHS funding commitment

On 18<sup>th</sup> June 2018 the Prime Minister Theresa May announced a new five year funding settlement for the NHS, giving the service real terms growth of more than 3 per cent for the next five years. The Prime Minister has also tasked the NHS with producing a 10-year plan to improve performance, specifically on cancer and mental health care, and unpick barriers to progress. Key elements included:

- Package of funding for the NHS covering the five financial years from 2019-20.
- Average annual uplift is 3.4 per cent per year above inflation – based on Office for Budget Responsibility projections.
- Funding is frontloaded, meaning the annual rates of growth are: 3.6%; 3.6%; 3.1%; 3.1%; 3.4%.
- This will equate to £20.5bn more revenue in real terms compared with 2018-19.
- A further £1.25bn allocated to deal with an increase in pensions costs associated with the new

Agenda for Change pay deal.

- The funding is for the NHS England commissioning budget only. This means it does not include capital funding, public health, health education, or social care. In an appearance in front of the Public Accounts Committee, Simon Stevens said there was an explicit commitment from the government that the adult social care budget would be set so as not to put further pressure on the NHS. There is no hard data on these areas and it is not clear whether these budgets, which have seen real reductions in the past, will be restored to previous levels or simply ring-fenced at their current levels.
- How the pay increase will be funded is unclear.

A 10 year plan

- In return for the increase in funding, the NHS has been tasked to develop a 10-year plan, via an “assembly” convened by national leaders. The prime minister has emphasised that this should have strong clinical input.
- The 10-year plan, which will be delivered by the autumn budget, should set out how the service intends to deliver major improvements in mental health and cancer care.
- Ministers may be considering legislative reform: the prime minister described the number of contracts held between NHS organisations as a “problem”, and said she wanted the service to suggest ways of breaking down any barriers that might hold up progress, including in the regulatory framework.
- The prime minister set out five priorities for the NHS: Putting the patient at the heart of how care is organised; a workforce empowered to deliver the NHS of the future; harnessing the power of innovation; a focus on prevention; and “true parity of care” between mental and physical health.
- The prime minister said she would like to see the 10-year plan set out ambitious “clinically defined access standards” for mental health.
- She also said clinicians should confirm the NHS is focused on the right performance targets for both physical and mental health – indicating that ministers may be willing to reconsider key performance standards.

## 2.9 The Gosport Independent Panel Report

The Gosport Independent Panel was set up to address concerns raised by families over a number of years about the initial care of their relatives in Gosport War Memorial Hospital and the subsequent investigations into their deaths.

The report was published in June 2018. The Trust is considering the learning and reflections to take forward from the report and will bring this back to the Board.

## 2.10 Freedom to Speak Up

The Trust has submitted Q4 data (1 January – 31 March 2018) to the National Guardian’s Office and a summary of the national data is published on the National Guardian’s website. The Trust’s Freedom to Speak Up Guardian reported that in Q4 one case had been brought to her

attention. NHS Improvement and the National Guardian's Office have published a guide setting out expectations of Boards in relation to Freedom to Speak Up.

## 2.11 MP Meetings

The Chief Executive & Chairman have invited local MPs to meetings in July 2018 to update them on performance; workforce; finance, the recent CQC visit and highlights along with discussing the challenges facing the Trust and how we plan to address them.

## 3. **Matters external to the Trust**

### 3.1 Health & Social Care Select Committee report Integrated Care: organisation, partnerships & systems

The Health and Social Care Select Committee has published the report of its inquiry into 'the development of new integrated ways of planning and delivering local health and care services'. This timely inquiry focuses on the development of Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICSs) and Accountable Care Organisations (ACOs).

Summary of key recommendations:

- The Government and the NHS must improve how they communicate NHS reforms to the public, making the case for change in the health service, clearly and persuasively.
- The Department of Health and Social Care (DHSC) and national bodies should adopt an evolutionary, transparent and consultative approach to determining the future shape of health and care. The law would need to change to enable the structural integration of health and care.
- The national bodies should clearly define the outcomes they are seeking to achieve for patients by promoting more integrated care, and the criteria they will use to measure this.
- SHSC, NHS England, NHS Improvement, Health Education England, Public Health England and Care Quality Commission, should develop a joint national transformation strategy setting out how they will support STPs and ICSs.
- STPs should be encouraged to adopt the principle of subsidiarity so that decisions are made at the most appropriate local level.
- ACOs should be introduced in primary legislation as NHS bodies, if a decision is taken, following a careful evaluation of pilots, to extend their use. The national bodies must take proactive steps to dispel misleading assertions about the privatisation and Americanisation of the NHS including the publication of an annual assessment of private sector involvement in NHS care
- The greatest risks to accelerating progress are the lack of funding and workforce capacity to design and implement change. The Government must recognise the importance of adequate transformation and capital funding in enabling service

change. The long-term funding settlement should include dedicated, ring-fenced funding for service transformation and prevention.

#### **4. Things to celebrate**

##### **4.1 Membership Talks**

In May the Trust held a 'Life with Dementia' Awareness Talk. Hilary Dodd from the Alzheimer's Society talked about the support available to someone who is caring for a person with Dementia and Dr Louise Hogg, Consultant, Elderly Care, Kingston Hospital talked about diagnosing Dementia and the different types of Dementia.

At the beginning of July the Trust held a 'What really matters at the End of Life' Talk. Donna Lansdale, Clinical Nurse Specialist from the Princess Alice Hospice talked about the support that the hospice provides and their facilities. Thora Thorhallsdottir, Nurse Consultant and Macmillan Lead Palliative Care Clinical Nurse Specialist at Kingston Hospital, talked about how we support patients at Kingston at the end of their life and about our Palliative Care Team.

##### **4.2 Catch up with Ann**

The Chief Executive's Open Forum has a new look. They are now called *Catch up with Ann* and are an opportunity for staff to have a coffee and catch up with the Chief Executive about what's going on at the Trust. Two were held in May with another two planned in July at different times of the day to encourage different staff groups to attend.

##### **4.3 Kingston Hospital wins 18<sup>th</sup> consecutive CHKS Top Hospital Award**

Kingston Hospital has been named one of the 40 Top Hospitals at the annual CHKS Top Hospitals programme awards 2018. The awards celebrate the success of healthcare providers across the UK and are awarded to healthcare organisations for their achievements in healthcare quality and improvement. The Trust has now won the prestigious Top Hospitals award for 18 years in a row.

##### **4.4 NHS 70 Celebrations**

The Trust is supporting the NHS 70 birthday celebrations. The Trust's historic photographic exhibition '*Kingston Hospital – from workhouse to working for the community*' ran for a month at the Rose Theatre in Kingston. The exhibition is now on display at the Trust. We unveiled our Kingston Hospital Hall of Fame on the actual birthday – 5<sup>th</sup> July 2018 – of babies born at Kingston Hospital over the last 70 years. We are holding our NHS 70 open event on Saturday 14<sup>th</sup> July 2018 for the local community and staff. During the day there will be was an opportunity to come along and find out about careers within the NHS.

#### 4.5 NHS 70th Birthday - Thursday 5th July 2018

The Trust actively celebrated the 70th Birthday with various Big7Tea parties organised by many departments from all over the hospital. We celebrated with a staff group photo at the front of main entrance to mark the occasion. 20 members of staff were invited to attend Westminster Abbey for a special service to celebrate the 70th Anniversary of the National Health Service.

We also marked the day by celebrating 70 years of Kingston Hospital babies and invited staff for a tea/coffee and piece of our very special Kingston Hospital NHS 70th birthday cake baked by Pauline Woods, a member of staff who works in the Neonatal Unit and the founder of the Hospital's Born Too Soon. We had a 5<sup>th</sup> July baby who was born at Kingston Hospital who was also able to attend the afternoon celebrations.

The Hospital's social media accounts received many positive messages of thanks with people sharing their stories about how the NHS in particular Kingston Hospital has been a part of their lives.

The Chaplaincy Team created a special flower installation, encouraging everyone to think: 'What has the NHS given you?' Staff were encouraged to place a flower in the 70 shaped arrangement to express their gratitude.

#### 4.6 NHS Big 7Tea supporting Kingston Hospital Charity

The NHS Big7Tea is a chance to celebrate and say thank you, by organising a tea party and choosing to support Kingston Hospital Charity. A number of hospital departments held tea parties on 5 July. On Saturday 14<sup>th</sup> July, the Kingston Hospital Charity will hold a Big7Tea party in the back of the hospital's restaurant where staff, patients, members of the public will come together to toast 70 years of the NHS.

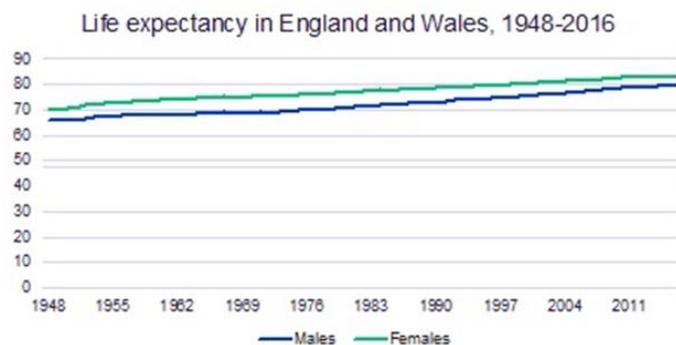
#### 4.7 Elections to the Council of Governors

In late September/early October 2018 the Trust will be calling for nominations for election to our Council of Governors. There will be elections in the following constituencies: Kingston, Richmond, Elmbridge and Medical and Dental Practitioners (the latter open to staff members only). The Trust will be holding information sessions for those interested.

Facts and Figures on the NHS at 70

1. We spend a lot more on healthcare
  - The UK health budget in cash terms £144m in 2016/17 from £0.4m in 1949/50 with an average spend per patient from £9.00 in 1949/50 to £2,187 in 2016/17
2. There are more staff
  - 285,093 full time nurses in 2017 compared to 60,997 in 1949
  - 109,960 full time hospital doctors compared to 11,735 in 1949
  - 39,843 full time GPs compared to 20,865 in 1961
3. Which means fewer people per staff member
  - 174 people per nurse in 2017 compared to 641 in 1949
  - 473 people per hospital doctor in 2017 compared to 3328 in 1949
  - 1397 people per GP in 2017 compared to 2091 in 1961
4. The biggest cause of death have changed over time
  - No deaths from tuberculosis in 2017 compared to 4.7% in 1948
  - 1.1% of deaths from diabetes in 2017 compared to 0.8% in 1948
  - 10.5% of deaths from “senility” and dementia compared to 2.6% in 1948
5. People live 3 years longer than in 1948

	1948	2016
	65.9	79.5
	70.3	83.1



6. Kingston Hospital NHS Foundation Trust in 1948 and 2018

	1948	2018
Beds	403	520
Births	1,371	5,330
Outpatients	106,426	424,580
Inpatients	6,547	30,510
Average Length of stay	20.5 days	4.5 days
Operations	3,899	30,644
Doctors	34	468
Nurses	200	1058