Kingston Hospital NHS
NHS Foundation Trust

CHIEF EXECUTIVE'S REPORT

Name of meeting: Trust Board	**Item: 6**
Date of meeting: 27th November 2013	**Enclosure: C**
Purpose of the Report / Paper: To provide the Board with information on strategic and operational issues.	
For: Information ☒ Assurance ☐ Discussion and input ☒ Decision/approval ☒	
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:	EMC – 6th November 2013
Recommendations: The Trust Board is asked to note and discuss the updates provided in the report.	

Chief Executive's Report

November 2013

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 the government's response to Francis, SWL Pathology changes, Better Services Better Value (BSBV), the Keogh Mortality Review, the Clywd Review and the Integration Fund.

It also provides a brief outline of the operational environment and activity since the last Board meeting. Appendix 1 provides information about communications activity.

2. External Environment

2.1 Francis Enquiry – Government Response

The formal government response to the Francis Enquiry was published on 19th November 2013. As part of the media coverage surrounding the publication of the report, the Trust was featured in Channel 4 news, for the positive work it is undertaking with its dining companions scheme.

The Trust undertook an extensive review of the recommendations of the Francis Enquiry, and the initial government response earlier in the year. A gap analysis was reported to the Trust Board in July 2013. An update on the actions within this gap analysis is due to be reported at the Trust Board in January 2014.

A review of the latest government response will be conducted to determine if there are any further areas that require action over and above those already taken. Any implications will be reported to the Trust Board along with the update on the gap analysis in January 2014.

2.2 *SWL Pathology*

Following the decision of the partner Trust Boards in September 2013 to create a shared pathology service for the three Trusts, formal consultation has taken place with Kingston Hospital NHS Foundation Trust and Croydon Healthcare NHS Trust staff over October and November over the transfer of their employment to St George's Healthcare NHS Trust from 1 April 2014 to create South West London Pathology (SWLP). The consultation was supported with an extensive programme of meetings and documentation and a formal response published in the week commencing 18

November 2013. Work has also been undertaken on a 'retained workforce' agreement detailing arrangements between the Trusts where staff working for one of the spoke sites provides services to SWLP (and visa-versa). The next activities are to complete due diligence work and finalise the practical arrangements for transfer of staff in a manner that does not disrupt service delivery. Work has also started on recruiting to the key leadership positions within SWLP, including the managing and clinical director roles.

2.3 Better Services, Better Value

Surrey Downs CCG announced on 8th November that its GPs had voted to withdraw from the BSBV process and this means that Epsom Hospital is no longer currently part of the plans. As a result, the BSBV programme are now reviewing the implications of Surrey Downs CCG no longer being part of it, but have stated that the problems facing SW London have not gone away. In order to deliver high quality, financially sustainable services for patients, the system will have to change. At the beginning of October, NHS England issued its 'Call to Action', which describes how the NHS is facing a number of significant challenges; an ageing population, increasing prevalence of long term conditions, lifestyle choices that lead to increases in conditions such as obesity or cancer, and rising healthcare costs. Combined with the assumption that the NHS budget will remain flat in real terms. All CCGs are required to respond to NHS England's 'Call to Action' by developing five-year strategic plans that respond to the clinical and financial challenges faced by the NHS. The six SW London CCGs are working together to prepare a collective response to the Call to Action and are working with Surrey Downs to discuss the next steps.

2.4 Response to Keogh Mortality Review

Monitor has sent a document, to those Foundation Trusts involved in the Keogh Review, which sets out the roles, responsibilities and accountability of the organisations expected to participate in enabling improvements to those hospitals. Foundation Trust Boards have been asked familiarise themselves with the document as Monitor suggests it 'sets a blueprint for how the wider system should respond to future challenges where the quality of care comes under the spotlight'. The full document will be provided to Board members for reference.

2.5 NHS Direct

It has been announced that NHS Direct (which has a significant projected end of year deficit) will close in 2014. Its English services will either transfer to other providers or will be put out to tender.

2.6 *NHS England*

Simon Stevens, former adviser to Tony Blair and Alan Milburn with whom he co-authored the NHS Plan for funding options and delivery systems, has been announced as the new head of NHS England and will start the role in April 2014. He currently works for United Health Group.

2.7 *Ensuring that patients' interests are at the heart of assessing public hospital mergers*

In a joint statement, Monitor, the Office of Fair Trading (OFT) and the Competition Commission have set out how patients' interests are at the heart of assessing public hospital mergers.

The expectation is that Monitor will engage at an early stage with Trusts considering mergers to look at whether or not the merger is appropriate from a governance and competition perspective. They will provide advice to OFT the outcome will be that mergers will only be proposed where there is a clear positive effect overall for patients and which will comply with competition rules. It is hoped the process will be quicker with fewer referrals to the Competition Commission.

2.8 *Licensing independent providers*

Monitor has begun to introduce independent providers and trade bodies to the licensing regime that will come into effect from April 2014 and will apply to all providers of health care services for the NHS, unless they are exempt (under regulations which will be issued by the Department of Health).

2.9 *NHS England outline immediate actions for commissioners to plan services*

As part of 'A call to Action' Commissioners have been asked to engage with local people on developing their five year plans, to ensure local partnership arrangements are strong and commissioners are well placed to make decisions about the integration transformation fund. As part of this commissioners have been asked to identify what would make the most difference to patients locally, with a view to rapidly putting these into action.

2.10 *NW London Reconfiguration*

As reported earlier in the year the Joint Committee of Primary Care Trusts (JCPCT) in NW London agreed with all the recommendations put forward by the *Shaping a Healthier Future* programme following public consultation. This will mean:

- The five major acute hospitals with a 24/7 A&E and Urgent Care Centre (UCC) will be: Chelsea and Westminster; Hillingdon; Northwick Park; St Mary's; and West Middlesex.
- Both Ealing and Charing Cross Hospitals will have local hospital services which include outpatient services, diagnostics and a 24/7 Urgent Care Centre. But the JCPCT also recommended that further proposals for these two hospitals are developed in future by the relevant Clinical Commissioning Groups (CCGs).
- Central Middlesex Hospital will be a local and elective hospital – which includes a 24/7 Urgent Care Centre.
- Hammersmith Hospital will be developed as a local and specialist hospital and will include a 24/7 Urgent Care Centre.
- Investing in new, 21st Century hospital facilities, especially at St Mary's, Northwick Park, Hillingdon, Ealing and Charing Cross and over £190m in out-of-hospital care to improve healthcare facilities and services in the community including care provided by GPs.

In October following advice from the Independent Reconfiguration Panel (IRP), Health Secretary Jeremy Hunt announced that changes to healthcare services in North West London should proceed to ensure safe and sustainable healthcare for local patients.

Changes at A&Es at Hammersmith and Central Middlesex hospitals will be made after winter. Further work is required on the proposed changes at Ealing and Charing Cross hospitals. As such, the Health Secretary has stated that the A&E departments at Ealing and Charing Cross will remain open, albeit with changes to the services.

The Shaping a Healthier Future proposals will take 3-5 years to implement, ensuring that improvements in out-of-hospital care are in place before changes to hospital services that rely on good out-of-hospital services are implemented. As discussed at previous Council meetings, the implications for increased flows to Kingston Hospital are very modest and can be accommodated within existing capacity.

2.11 <u>Review of the NHS Hospitals Complaints System – Putting Patients Back in the Picture</u>

In October 2013 the *Review of the NHS Hospitals Complaints System – Putting Patients Back in the Picture* report was published. This review was undertaken by Anne Clwyd MP and Tricia Hart to look at how the handling of complaints and

concerns could be improved in NHS Hospitals in England. This was one of the reviews that have taken place in response to the Francis Enquiry into the failings at Mid-Staffordsire NHS Foundation Trust.

The Complaints sub-Committee of the Trust Board discussed the report at its November 2013 meeting. The committee agreed to a indepth analsyis of the Trusts approach to dealing with complaints be undertaken in light of the recommendations of the report and best practice examples that are provided. This will be undertaken by the Head of Litigation Complaints & PALS and the outcome will be reported to the next Complaints sub-committee meeting in February 2014.

2.12 *Integration Fund*

The Department of Health has proposed that a single pooled budget of £3.85m fund is created in 2015/16 to ensure closer integration between health and social care funding. The vast majority of this will come from existing NHS resources. The particular issue for acute hospitals is that the resources being transferred are already fully committed covering existing expenditure.

In order to avoid a 'cliff edge' a measured change is being proposed for 2014/15 (for Kingston Hospital the effect is CIRCA £0.4m)

The plans for using the fund are to be jointly agreed by Clinical Commissioning Groups (CCGs), Local Authorities and the Health & Well-Being Board.

The Trust is working with the two neighbouring CCGs to help formulate the impact of this initiative.

3 Internal Environment

3.1 *CQC*

The CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions the CQC will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care. They will not be used on their own to make judgements. The judgements will always be based on the result of an inspection, which will take into account the Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations.

Intelligent Monitoring reports will be published quarterly and replace the monthly Quality Risk Profiles (QRPs). The first Intelligent Monitoring report was published on 21st October 2013. This showed that Kingston Hospital NHS Foundation Trust has

two risks and one elevated risk (Diagnostic waiting times, Staff turnover and whistleblowing alerts respectively), giving an overall risk score of 4 out of a worse case of 164. Using this risk information, Trusts are placed in six summary bands with Band 1 representing highest risk and Band 6 the lowest risk of not providing safe, effective and high quality care. Kingston Hospital NHS Foundation Trust is one of 37 Trusts in Band 6. The difference between the Bands is minimal, for example Trusts with a risk score of 5 appear in Band 5.

The CQC have also announced the next 19 organisations to be visited in the second phase of the new style inspection visit. This list includes; 7 Trusts from Band 1, 4 aspirant Foundation Trusts, 4 Keogh inspection follow-ups and 4 intermediate Trusts (Trusts in Bands 2, 3, 5 and 6). Kingston Hospital NHS Foundation Trust is not included in list. It is expected, however, that the CQC will visit the Trust between February 2014 and April 2014 to assess delivery of the post July 2013 visit action plan – it is not yet clear in what format such a re-inspection would take.

4 Operational performance

4.1 *Service Line Management*

The new Service Line Management structure was introduced on the first of October 2013. Most posts are now filled, with final interviews this month. The response to the new structure has been very positive, with great enthusiasm by the teams to lead their services forward. The first round of performance review meetings have taken place, with the teams demonstrating clear understanding of their specialities and how they wish to develop them. The accreditation process will begin in Maternity and then be rolled out after Christmas in other areas.

Raynes Park Health Centre (RPHC) has been running for 6 months starting in May 2013. The friends and family test (FFT) shows that patients like the clinic and the environment. Over Sept and Oct, 54 people responded to the FFT. Of these, 44 said they were extremely likely to recommend the clinics, and 13 said they were likely to recommend it. No one said they were unlikely to recommend. A local artist is drawing a mural on the wall to make the environment conducive to patients. The outpatient waiting time for an appointment in a RPHC clinic is on average 4 to 5 weeks. Some clinics such as Vascular are fully booked and very popular. There is no waiting time for the walk in phlebotomy service, the uptake of which is increasing. Currently RPHC is running behind activity, however, impending consultant posts will increase utilisation of the clinic rooms from 51% to over 65% in the New Year. There are plans to increase the utilisation further by the end of the financial year. Money from the RPHC

budget is being allocated to services when requested based on the RPHC business plan. The GPs are increasingly using Choose and Book.

Following the CRS upgrade in early September, the Trust experienced a significant number of issues, which affected both front-end users and reporting (SUS and PTL). The major front-end issues were resolved within the first two weeks, however, significant data clean-up has been required in order to ensure the data would be accepted by SUS and the Trust receive the related income.

Currently there are 48 issues open with BT/Cerner that were raised in the period following the upgrade up to 31st October. These are broken down as follows:

- 16 Reporting issues, 9 of which are flagged as high priority (3 of these have a resolution and should be closed this week)
- 14 Non-Reporting, 5 of which are flagged as high priority
- 18 Medicines Management and Clinical Documentation.

The head of Information is working closely with BT and Cerner to rectify the outstanding issues which are being monitored on a daily basis.

4.2 *Winter Planning*

A robust plan for winter has been produced for the Trust. This links with the work of the Urgent Care Board, led by Kingston CCG which brings together social, primary, community and secondary care, in the management of winter pressures.

The plan includes the identification of early warning triggers for pressure on A&E attendances and inpatients, the strengthening of the daily bed meetings, the increase in the number of discharge coordinators to ensure that health needs assessments are completed on time and do not cause delays in transfer of care and the day and the direct access to consultants in ED/AAU for GPs seeking advice on patients requiring potential admission.

The winter plan at Kingston Hospital is being managed through the Emergency Preparedness Group, chaired by Sarah Tedford. Within the borough of Kingston a bi-weekly meeting is chaired by Julia Gosden, Kingston CCG and includes representatives from community, social and secondary care. The urgent care board which is monitoring the plan submitted to NHS England meets monthly.

Two new acute care physicians have started in post. In addition, the local CCGS have financed the appointment of two further acute care physicans for a period of 12

months to support admission avoidance. One consultant has already been appointed and is expected to start in February and the second post is being advertised.

4.3 Communications

4.3.1 Projects

The Team have been working on a number of campaigns and projects since the last Trust
Board meeting in September, in particular the development of a new Communications Strategy and supporting the development of a Fundraising Strategy. Other projects include:

- Development of a campaign to promote new visiting times;
- Co-ordinating and promoting the Monthly Staff Excellence Awards process;
- Patient information screens;
- Production of Team Briefing;
- Support for the Executive Team Walkabouts;
- SW London Pathology communications;
- Populating the Trust website;
- Flu vaccination communications;
- Preparations for Christmas festivities
- Dining companions publicity
- Staff survey promotion
- Members health events

4.3.2 Publications

On a daily basis the team also monitors news sites, updates on our social media feeds (Twitter and Facebook) and compiles staff emails/updates. The number of followers we have on Twitter is now more than 4,200.