

### CHIEF EXECUTIVE'S REPORT

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| <b>Trust Board</b>  | <b>Item: 7</b>  |
| <b>Date: 30<sup>th</sup> January 2019</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"/> |   |
| <b>Sponsor (Executive Lead):</b>  | Chief Executive   |
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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**

**January 2019**

### **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 Medical Examiner**

The Department of Health has made recommendations for reform of medical certification of cause of death (MCCD), with change of the current process to be led by a Lead medical examiner who will enable provision of death certificates. All acute hospitals are advised to plan for provision of the Medical Examiner role and to recruit to Medical Examiner Officers to support the process, with implementation planned from April 2019.

The Medical Examiner(s) (MEs) will be responsible for all Death Certification. This will enable improved accuracy of death certificates, support close working with the local coroner to ensure robust referral and communications and provide senior medical liaison with relatives and carers to highlight any concerns of care. They will work closely with the bereavement office in these duties.

Both the ME and MEO roles will also link with the mortality surveillance group and the Trust's existing 'Learning from Deaths programme' which will improve the recording and reporting of structured judgement review and the serious incident processes when relevant.

The plans to recruit to the MEO and for Consultants to undertake the ME role are being progressed. The Medical Director is leading on these developments reporting to EMC.

#### **2.2 Brexit**

The Trust completed and submitted a risk assessment as part of an EU Exit NHS Trust Contract Review process led by the Department of Health and Social Care. Guidance arising from central assessment of this information is due in January 2019. The Trust Board received a report on the Trust's risk assessment on 5th December 2018. The key areas of risk for the Trust are access to medicines and medical devices in case of shortage of supply and access to workforce in the event that large numbers of staff originating from the EU decide to leave the UK.

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Further guidance was issued to providers and commissioners on 21<sup>st</sup> December 2018 and a gap analysis has been conducted against the actions requested. Scenario testing of the use of business continuity plans against the key risk areas is to be completed by the end of February 2019.

The Director of Corporate Governance has been appointed as the SRO for Brexit within the Trust and is leading a Brexit Risk Assessment Group, working closely with the Trust's existing Emergency Preparedness team. Assurance reporting and escalation will be through the Executive Management Committee to the Trust Board internally. Externally, local, regional and national response units are in operation.

The Trust has continued to support its 340 EU staff, led by the Director of Workforce. EU staff wishing to apply for settled status were encouraged to apply using the Home Office Pilot scheme. The Trust facilitated IT access for the scheme and have agreed to pay the £65 application fee. Over 60 Trust staff have so far accessed this offer.

### 2.3 2019-20 Business Planning

National planning guidance was published in mid-January 2019, which makes it clear that providers all need to transform the way in which healthcare is delivered. The guidance reflects the vision of the Long Term Plan with the focus on integration and delivering services in a different way with new workforce models and a greater use of technology underpinned by new financial models. Providers are required to transition from planning at an organisational level to a "system" level. During the first half of 2019-20 all Sustainability and Transformation Partnerships (STPs) are expected to agree their strategic plan for improving quality, achieving sustainable balance and delivering the NHS Long Term Plan. As part of the process each system will need to develop their 5 year plan by the summer of 2019. The Trust's 2019/20 Annual Operating Plan, due to be submitted in March 2019, will be aggregated by STPs and accompanied by a local system operational plan narrative.

It is unlikely any financial settlement will result in more funding for the local locality and the Trust. The current tariff consultation indicates funding will be moving away from London to the regions and that any "new funding" has already been committed. It is therefore reasonable to assume that the financial challenges in 2019/20 will be similar to those in 2018/19. This will therefore require a continued focus on efficiency and standardisation, to ensure the financial sustainability of the Trust within the shifting local landscape.

Business planning for 2019/20 was launched at the Senior Leaders Forum in November 2018. Clinical divisions and corporate departments have been asked to develop their plans for sign off at the end of March 2019. The outputs from the business planning process will support the development of the Annual Operating Plan for submission to NHSI. The National Planning Guidance set out the timeline for the development of Operating Plans with an initial submission focusing on activity and efficiency which was submitted on 14<sup>th</sup> January, a draft submission due in mid-February 2019, and the final submission at the start of April 2019. This timeline is later than in

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previous years and will be challenging. The board in March will receive the position at that time and ensure clear process for the beginning of the new financial year.

The draft submission will be shared with the Council of Governors Strategy Committee and the Council of Governors in March 2019, prior to sign off by the Board as soon as completed.

## 2.4 Estates

### Regent's Wing

The Trust is progressing with plans to dispose of Regent Wing by the end of 31 March 2019. The Trust intends to remain using the building for up to 24 months following the sale while work is being done to bring on stream appropriate alternative accommodation.

### Esher Wing Tiles

The Trust is in the process of removing the tiles from Esher Wing with the intention that the exposed areas will be re-rendered in a scheme that is consistent with the rest of the building. We anticipate the works will complete in the summer 2019.

## 2.5 Freedom to Speak Up Guardian

Quarter 3 concluded with no concerns being raised through the Freedom To Speak Up Guardian. Advice was sought and signposting to other policies occurred. Team trainings took place, and these will continue into Q4. The launch of Dignity at Work Champions saw the profile of the role increase, and this has coincided with seeking FTSU Champions across the Trust.

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

### 3.1 The NHS Long-Term Plan

The last period saw the publication of the ten year plan for the NHS.

NHS Long Term Plan aims to understand the reality of where the NHS is today. It highlights all that's good about our health service and tackles head-on the pressures our staff face, and seeks to make the extra funding go as far as possible, whilst accelerating the redesign of patient care to future-proof the NHS for the decade ahead. The NHS Long-Term Plan sets out how we plan to go forward based on the following 3 principles:

Secured and improved funding for the NHS, averaging 3.4% a year over the next five years, compared with 2.2% over the past five years;

Wide consensus about the changes now needed. This has been confirmed by patients' groups, professional bodies and frontline NHS leaders who since July have all helped shape this plan - through over 200 separate events, over 2,500 separate responses, through insights offered by 85,000 members of the public and from organisations representing over 3.5 million people;

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Understanding what works – building on the work that kicked-off from the NHS Five Year Forward View which is now beginning to bear fruit, providing practical experience of how to bring about the changes set out in this Plan. Almost everything in this Plan is already being implemented successfully somewhere in the NHS.

In summary terms the plan will, over the next ten years see the NHS:

- Move to a new service model in which patients get more options, better support, and proper joined-up care at the right time in the optimal care setting focussed on joined up GP services and community services with increased investment.
- Strengthen its contribution to prevention and health inequalities
- Have clear priorities for care quality and outcomes improvement for the decade ahead – both in existing priorities and new ones

This will be supported by key enablers:

- Tackling current and future workforce pressures, and support to staff
- Setting out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS
- Setting out how the 3.4% five year NHS funding settlement will help put the NHS back onto a sustainable financial path

The Council of Governors has received presentations on the high level content of the plan. The NHS will work together over the next 6 months to develop an implementation plan and the Trust is now working to bring together all of the elements of the plan that will form the focus for the Trust's development in support.

### 3.2 NHSE & NHSI Appoint Leaders for its seven integrated region teams

NHSI & NHSE have named seven integrated regional teams that will “play a major leadership role” in the new joint structure. The joint directors of the new regional teams have been confirmed by the system managers and will formally take up their new roles in April 2019, as will the new NHS Executive Group directors who will lead the joint senior leadership team.

The corporate teams will provide specialist support and expertise to the regional teams, with these teams taking full leadership over their geographical areas to “best assure and support performance in their region, as well as supporting local system transformation.”

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- Sir David Sloman, Chief Executive of the Royal Free London FT, has been appointed as the Regional Director for London
- Bill McCarthy, the government's former principal policy adviser on health reforms and current Deputy Vice-Chancellor at a Bradford foundation trust, will lead the North West region
- Elizabeth O'Mahony, NHSI's Chief Financial Officer has been appointed as the South West's Regional Director
- Anne Eden will take charge in the South East after formerly holding the post of Regional Director of the South for NHSI.
- Dale Bywater will be The Midlands Regional Director and will move from the same role at NHSI
- Ann Radmore, the Trust's Chief Executive will take up the post of East of England Regional Director
- Richard Barker will take up the post of North East and Yorkshire Regional Director after previously serving as the Chief Operating Officer of NHS North of England

The new NHS Executive Group met for the first time in January 2019 as NHSI and NHSE look to integrate operations and cut running costs by a further 20%.

The new leadership team will be led by the two current Chief Executives, Ian Dalton and Simon Stevens, and will help support the delivery of the NHS's long-term plan.

### 3.3 Matthew Swindells, NHS England National Director - Visit to Kingston Hospital

On the 11<sup>th</sup> January Matthew Swindells, NHS England's National Director, Operations and Information visited the acute trusts in SW London and the SWL Health & Care Partnership, with Kingston Hospital being his first port of call of the day.

Matthew is responsible for the national performance of the NHS against the Constitution Standards; assurance of CCGs; achieving a paperless NHS; information and technology programmes and investment in data.

He has a programme of visiting the NHS and as a west London resident himself; he knows something about the area. He was really interested in hearing about our progress to Outstanding; the ongoing ambitions for digital developments and Quality Improvement and then enjoyed seeing the improved environment and meeting staff in Blyth and visiting ITU and ED. He was very impressed with what he saw here before moving on to visit our colleagues across SW London.

### 3.4 South West London Health & Care Partnership Update

Discussions are taking place with health and social care leaders in Richmond, Kingston and East Elmbridge to strengthen closer system working to ensure we deliver the best possible care for local people within the available resources.

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These discussions are looking at identifying common system priorities and how we might need to establish system governance to develop and oversee a joint programmed work to deliver our strategic priorities.

These emerging priorities align with our Trust priorities and the interdependencies needed to deliver them.

## 4. Things to celebrate

### 4.1 Outstanding Achievement in Healthcare at the Health Business Awards 2018

The Trust has won the award for Outstanding Achievement in Healthcare at the Health Business Awards 2018.

The Trust was commended for becoming the first acute Trust in London to receive an Outstanding rating by the CQC for being well-led. The Health Business Awards also highlighted that cancer care is a particular area of excellence for the Trust, as Kingston Hospital has consistently been one of the best performing Trusts in London for achieving targets. It was also chosen to be part of a pilot to cut cancer waiting times down even more.

The Trust was also praised for its excellence in Dementia care, having opened two dementia friendly elderly care wards; palliative care, and sexual health services.

### 4.2 Trust has second Nurse Consultant in London

The Board will be delighted to learn that one of our Dermatology Clinical Nurse Specialists, Saskia Reeken, has been promoted to Nurse Consultant in Skin Cancer & Dermatology for Kingston Hospital, becoming just the second Consultant Nurse for Dermatology in London. This development was conceived and supported by lead Consultant Dr Natkunarajah and Deputy Director of Nursing, Nichola Kane and shows where an appreciation of senior autonomous nursing roles at the Trust and a flexible and progressive viewpoint can take us.

### 4.3 Royal College of Obstetricians and Gynaecologists (RCOG) National Trainer of the Year Award

One of the Trusts gynaecologists, Dr Elizabeth Peregrine, Consultant in Obstetrics and Foetal Medicine, has won the Royal College of Obstetricians and Gynaecologists (RCOG) National Trainer of the Year Award 2018. The award recognises trainers who go above and beyond to support and educate trainees and Dr Peregrine was chosen as the winner for being kind, approachable and enthusiastic in all aspects of her training, as well as her dedication to improving training opportunities. She was commended for being an excellent role model.

4.4 Opening of the interim Mental Health Assessment Unit in ED

The Trust opened an interim Mental Health Assessment Unit on Christmas Eve in ED which will accommodate 3 patients. Staff have feedback that they can already see the benefits for these patients who find visiting ED a very difficult experience.

The final unit will be called Cedar Unit (named after the tree outside of ED) and will accommodate up to six patients who are waiting ongoing assessment from the Psychiatric Liaison team or those waiting for transfer to a bed at the mental health trust. The final phase is likely to open in summer 2019. This is an opportunity to dramatically improve the services we offer to mental health patients presenting to ED and have a positive impact on their overall care and unnecessary delays in ED. The unit will be open 24/7, with appropriately skilled staff including registered mental health nurses and has been developed in collaboration with our partners at South West London & St Georges Hospital.

4.6 First birthday of Kingston Hospital's ED Resus Team

This month the new Resus Team celebrated their first birthday since being set up within the Emergency Department (ED) at Kingston Hospital. The team consists of paramedics and emergency care nurses and work 24/7, providing support and leadership in the management of acutely deteriorating patients and cardiac arrests. In addition they provide support and training to teams across the hospital in advanced resus and trauma. Since January 2018 the team has cared for 4,000 of our most acutely unwell patients.