

### CHIEF EXECUTIVE'S REPORT

Council of Governors	Item: 7
<b>2<sup>nd</sup> July 2020</b>	Enclosure: B
<b>Purpose of the Report / Paper:</b>  To provide the Council of Governors with information on strategic and operational performance, issues and risks.	
<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>Recommendations:</b>  The Council of Governors is asked to note and discuss the updates provided in the report.	

## **Chief Executive's report**

### **1. Introduction**

This paper provides the Council of Governors with an update on performance, key risks that could impact upon the strategic development of the organisation and items of note not covered elsewhere on the agenda.

We have been through an extremely challenging few months since the last meeting of the Council of Governors. At this evening's meeting we will summarise the journey we have been on since the beginning of March, and talk about our plans to recover services. This work is being done in line with national infection prevention and control guidelines, as we seek to keep our patients and staff safe, during this ongoing incident.

During the pandemic a weekly update was emailed to governors, which we hope you found to be useful. As we have now re-instated our Council of Governor meetings, we will no longer continue with the targeted weekly communication.

I wanted to take this opportunity to thank all of our staff, including our contracted staff, and our hospital volunteers for their outstanding efforts, their hard work, resilience and flexibility to deal with the unknown in recent weeks, both in their working lives and in their lives outside of work. I have been so impressed by what I have seen and proud of the way staff at Kingston Hospital have cared for patients in extremely challenging circumstances. I would also like to thank governors and our local communities for their generosity and support of our staff, which has been truly overwhelming.

### **2. Operational performance**

We have continued to monitor all of our operational standards, although during the COVID period we were not required to formally submit them to NHSE.

During the pandemic we focused on ensuring that urgent outpatients and elective patients have continued to be seen. However, since March we have seen a significant reduction in outpatient attendances and non-urgent attendances at the hospital.

We have also continued to work collaboratively with our partners to ensure that our patients are discharged from hospital as soon as they are medically fit to release capacity for emergency admissions. We are now planning and implementing our plan for restart ensuring that we are meeting the national infection control and prevention guidance.

The majority of our outpatient clinics are once again running, although most of the appointments are being held through either telephone or video consultation.

We have also brought a small number of outpatients back on site, where a telephone or video consultation is not possible. We have put measures in place in the hospital to ensure that we are doing this safely.

### **Keeping patients and visitors safe**

A number of precautions have been introduced across the hospital to keep everyone safe and to minimise the risk of COVID-19 infection. Those coming into the hospital are asked to wear face masks, sanitise their hands and to observe social distancing. Temperature checks are also taking place using scanning thermometers for all patients entering the hospital and a one-way system is in place through the hospital, to manage the flow of patients and staff around the site.

### **Visitor restrictions**

Restrictions to visiting inpatients at the Trust have been in place since the start of the pandemic, to limit the number of people accessing the hospital site. From Tuesday 16 June, 40-minute weekly visiting slots have been made available for family members or friends of patients on some inpatient wards (Hardy, Derwent, Keats, Kennet and Bronte).

Visitor restrictions have remained in place on all other wards to help reduce the risk of COVID-19 to vulnerable patients. Exceptions to visitor restrictions have been agreed for patients receiving end of life care, children under 16 on inpatients wards, birthing partners (one only) on maternity wards and advocates for patients with dementia or learning disabilities.

## **3. Financial sustainability**

Audited annual accounts for 2019-20 have been submitted to the Department of Health, reporting that our year end targets were met.

The additional costs which resulted from our response to the pandemic during the 2019/20 financial year have been met nationally.

Financial expenditure plans for 2020-21 have been adjusted as a result of the additional expenditure associated with the COVID response, and we have clarity in terms of our year end targets for 2020-21. The position at the end of May 2020 is that our financial plans and targets are being achieved.

## **4. Workforce**

### **Statutory and mandatory training**

The Trust compliance rate for statutory and mandatory training has reduced in May to 80 percent after a sustained period of good performance at nearly 90% earlier in the year. This is unsurprising in light of the pressure staff have been under during the COVID period. We are now working with staff to encourage them to get back up to date with their mandatory training.

### **Virtual staff awards**

As you will remember we were unable to proceed with our staff awards event on 12 March. To ensure that those members of staff who should have been presented with an award receive the recognition they deserve, we have been working on our virtual staff awards, organising and filming presentations with the Trust's directors and our award winners. The communications team continues to work on the project, filming all 15 award presentations and we hope to share the final awards film by the end of July.

### **Keeping staff safe**

Emerging evidence suggests that there is a disproportionate impact from COVID-19 upon people from a BAME (Black, Asian and Minority Ethnic) background. This has been particularly apparent amongst healthcare workers in the UK. A risk assessment process has been established for all our BAME staff to ensure that if required, additional support measures are put in place, such as a referral to occupational health, psychological support and we have made FFP3 masks (fit tested) available for BAME staff should they want to wear one. We are working towards 100% completion of the risk assessments by the end of July.

In addition, 100% of staff at the Trust who are considered vulnerable (including those over the age of 70 and those staff who are pregnant) have undergone a risk assessment. Workplace assessments have also been completed across all areas.

## **5. Estates update**

In addition to supporting the Trust through the pandemic our estates team has been doing some focused work on upgrading the trust's oxygen infrastructure, to increase our oxygen capacity and to give us ongoing assurance on our ability to maintain regular monitoring of oxygen consumption.

Work has continued on the refurbishment of our endoscopy ward to include a new procedure room and we are working on re-locating the hospital's charity office to an area at the front of the hospital. We have also introduced new shower facilities for staff which have been funded through donations to the hospital charity.

Parking remains free on site for patients and staff. As we prepare to welcome more patients and visitors to the site, and in light of the fact that staff are being encouraged to avoid public transport we are seeking new external parking arrangements for staff.

## **6. Systems and partnerships**

### **South West (SW) London Recruitment Hub**

Work which began earlier this year to bring the four recruitment teams in SW London's acute hospitals into one joined up service, has re-started.

Staff in the recruitment teams at Croydon, Epsom and St Helier, Kingston and St George's Hospitals will re-locate as one team, providing a joined-up recruitment hub service for the SW London acute hospitals. This will be facilitated by a new website, bringing recruitment activities in the four trusts onto one central platform (all accessible from the trusts' existing websites).

The new recruitment team will be based at East Street in Epsom, with the service and the team managed by Kingston Hospital. The project will bring best practice from four teams into one new service, standardising recruitment practices and providing better opportunities for collaboration, enabling us to continue to work efficiently and effectively to recruit the best people to our hospitals in SW London.

The work to bring the four recruitment services together is overseen by the Acute Provider Collaborative and forms part of a wider collaboration project which is on track to integrate other services including theatres stock management, pharmacy, procurement and clinical pathway quality improvement.

### **SWL Clinical Commissioning Group**

On 1 April 2020 the six CCGs in South West London came together to form a new NHS South West London Clinical Commissioning Group (SWL CCG). This includes, Kingston, Richmond, Merton, Sutton, Wandsworth and Croydon.

The NHS South West London CCG is a membership organisation made up of over 180 GP practices serving just under 1.5 million people across the six SWL boroughs. It will be the statutory body for commissioning NHS services across SW London and GPs practices across the six boroughs will be a member.

The decision to merge follows approval from the regulators at NHS England back in October 2019, and the support of the six CCG Governing Bodies and GP membership votes in favour of the proposal.

The new NHS South West London CCG aims to retain a borough focus to further support local partnerships bringing together health and care leaders to plan services locally.

Boroughs will have a local place-based committee which will ensure that each borough remains clinically led and retains the ability to engage with and consider the needs of local communities through relationships with NHS partners, local authorities, voluntary sector organisations and Healthwatch.