

### CHIEF EXECUTIVE'S REPORT

Council of Governors	Item: <b>6</b>
<b>Date of meeting:</b>	Enclosure: <b>C</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. The attention of the Council of Governors is drawn to the current key risks for the Trust:

- Continuing operational pressures across the health and care system as a whole and the impact on performance and staff resilience within the Trust.
- Finance

## 2. Operational performance

In November 2019, the Trust achieved the Referral to Treatment (RTT) and all other performance targets for November, with the exception of the A&E four-hour wait, despite continuing operational pressures.

In the context of London, the Trust has maintained second best performance for emergency care and is one of two trusts that has not seen a decline over the Christmas period, from last year, despite the significant growth in demand. We have continued to maintain strong performance in ambulance turnaround times.

Capacity for non-elective demand has been particularly difficult as there have been higher levels of lost capacity due to norovirus and flu this year compared to last year. Silver command has remained in place, as planned, to support us through this challenging period.

We continue to be a test site for the new cancer standards as one of 11 trusts nationally. We achieved 62 day performance, although it remains challenging in areas where there is difficulty securing additional capacity, such as breast biopsies.

The overall pressure on diagnostics continues and remains high on the agenda to support the cancer pathways. It is likely that the new standards will be launched from April and therefore the Trust will not return to a 2 week wait report but will start reporting 28 day faster diagnostics.

### 3. Quality: PALS and the Trust's formal complaint procedures

Governors have expressed an interest in the difference between a complaint or concern managed by our Patient Advice and Liaison Service (PALS) and one raised under the Trust's formal complaint procedures.

When a patient raises a comment, concern or complaint with PALS staff, the aim is to respond as quickly as possible to create a dialogue between the patient, carer or family member and the relevant member of staff who is best placed to explain, respond or mitigate the issue. While this can be done in writing on request, the vast majority of the interaction is direct and personal in order to resolve matters as quickly as possible.

The Trust's formal complaints procedure is open to everyone, and the complainant does not have to contact PALS first. The NHS has nationally agreed complaints procedures, and timelines are agreed with complainants. Complaints made following this approach lead to an investigation and a formal written response. Due to the rigour of the process, responses can and do take weeks, rather than days, as is the case with complaints or concerns raised through PALS.

It may be of interest to know that of the concerns or complaints managed by PALS at Kingston Hospital, under five percent are escalated to the formal complaints process. It is widely recognised that resolving issues at the earliest possible opportunity is best for those raising the complaints or concerns, for staff and for wider patient experience.

### 4. Financial sustainability - finance position month 8

Income & Expenditure	Annual Budget £000's	IN MONTH			YEAR TO DATE		
		Budget v Actuals			Budget v Actuals		
		Budget £000's	Actual £000's	Var £000's	Budget £000's	Actual £000's	Var £000's
Income from patient care activities	263,733	22,103	21,738	(365)	176,422	174,631	(1,791)
Other Operating Income (incl. PSF)	32,203	2,782	3,717	935	20,798	23,288	2,491
Employee expenses (incl. Non-exec directors)	(182,816)	(15,293)	(15,362)	(69)	(121,711)	(121,207)	504
Non-Pay Expenses (excl. dep'n and non-exec directors)	(96,188)	(7,816)	(8,472)	(656)	(65,751)	(67,313)	(1,562)
Non-Operating costs (inc depreciation)	(15,773)	(1,315)	(1,173)	142	(10,520)	(9,897)	623
Subtotal (Deficit)/Surplus (Incl PSF/MRET/Don Assets)	1,159	461	448	(13)	(762)	(498)	264
Central Funding including PSF	(8,859)	(834)	(834)	(0)	(5,234)	(5,604)	(370)
Donated Assets Adjustment	(61)	(6)	(196)	(190)	(48)	(183)	(135)
Control Total excl Don Assets & PSF (Deficit)/Surplus	(7,762)	(379)	(581)	(202)	(6,044)	(6,284)	(241)

We are currently working on our month nine (December) position, however in month eight the Trust reported its financial position as slightly adverse to plan. Colleagues in finance are working with all

departments to ensure the financial forecast for the year is met. This is challenging given the increasing pressure as we implement our winter plans, and is creating a risk to delivery of our year-end target which we are trying very hard to mitigate.

## **5. Governance of the Private Patient Unit**

Last year, we took the decision to directly manage and staff our private patient unit. The unit is now called Kingston Private Health (KPH), but was previously known as the BMI Coombe Wing. Profits generated by the private unit now come back into our hospital. Since the unit became part of our Trust, we have refurbished 10 bedrooms and their en-suite bathrooms. The reception and outpatient areas have also been redesigned and modernised.

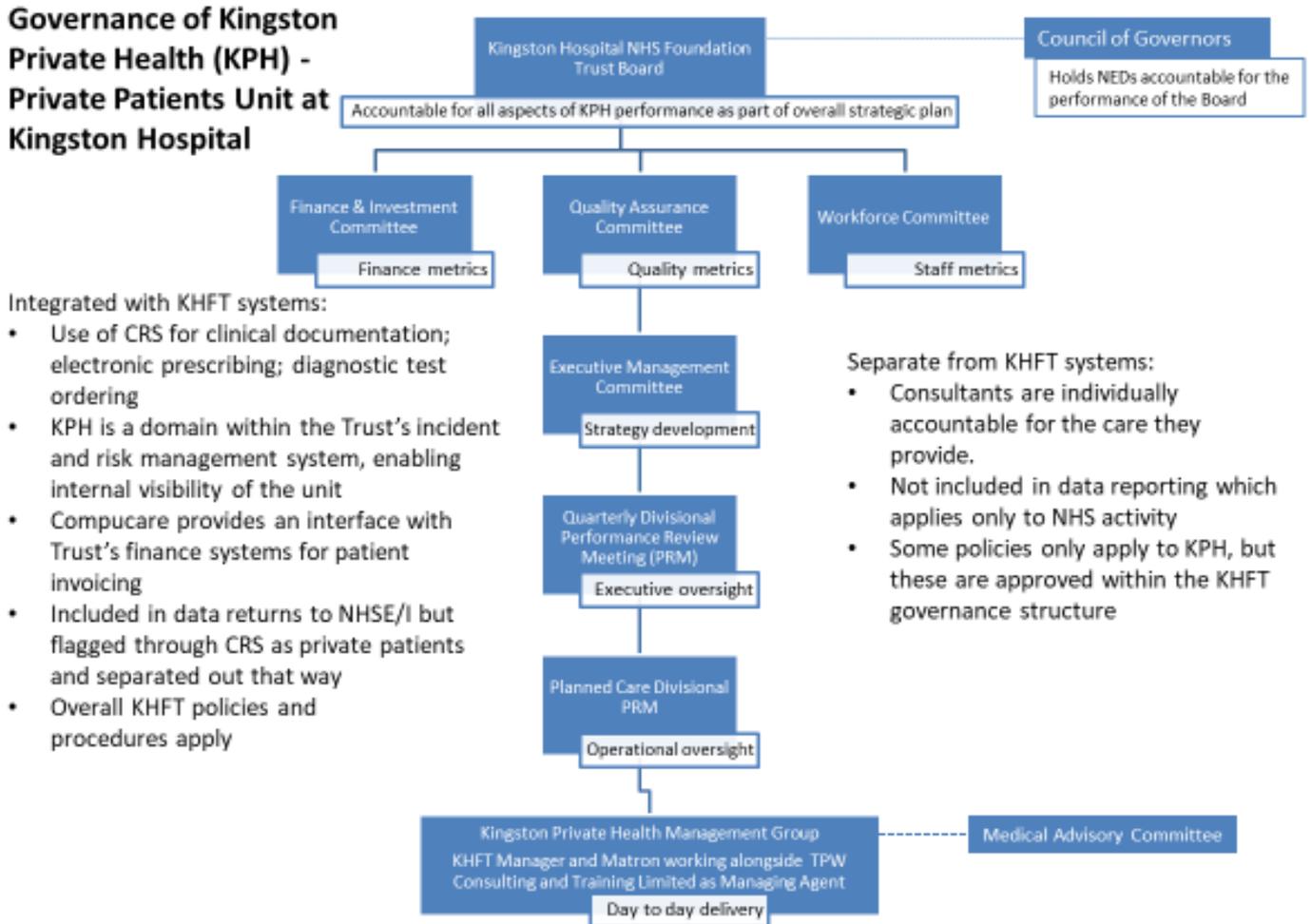
Patients with medical insurance or willing to pay independently can access a wide-range of services via this unit. These include surgery, elderly care and maternity, to diagnostics, respiratory care and outpatient consultations. Any unoccupied beds on the unit can be made available quickly for patients in this category already admitted onto our wards but might like extra privacy and comfort. This provides important extra capacity to help with patient waits, flow and experience.

In terms of governance, KPH has a management group overseeing day-to-day delivery which reports directly into the Planned Care division for operational oversight. Executive oversight is provided during quarterly divisional performance management reviews, and the Executive Management Committee oversees and aligns KPH's strategic development. Quality metrics are challenged at the Quality Assurance Committee which reports into the Trust's Board.

KPH is closely integrated with our systems including the use of CRS for clinical documentation; electronic prescribing and; diagnostic test ordering. KPH is a domain within the Trust's incident and risk management system, providing internal visibility of the unit. CompuCare provides an interface with Trust's finance systems for patient invoicing. KPH activity is included in data returns to NHSE/I but identified through CRS as private patients and managed accordingly.

The majority of current Trust policies and procedures apply to KPH, and any that solely apply to KPH are approved within the Trust's governance structure.

## Governance of Kingston Private Health (KPH) - Private Patients Unit at Kingston Hospital



## 6. Workforce

The Trust's **workforce performance indicators** remain strong, although behind target in some areas.

In November the position was:

- Vacancies 5.05% against a target of 6%
- Turnover 13.9 % against target of 13.5%
- Stability index 85.5% against target of 90%
- Appraisal 66.8% against year-end target of 90%

### Statutory and mandatory training

Following a major push to raise compliance, the Trust's statutory and mandatory training figure for November was 90.9% against a target of 85%. This is a fantastic achievement, particularly in light of continued operational pressures.

## **Pensions**

As reported previously, the topic of pensions is creating a lot of interest and unease in the NHS at present. The Trust continues to review how it can assist staff to mitigate their liabilities legally including offering a national scheme (funded by the employer) and is now available to all practising registered clinicians. A pensions workshop that was run in May for staff was repeated in October. Films of both are published on the intranet for all staff to access the information and financial advice given at the session. The October workshop also included details of a new salary sacrifice, car loan scheme available to staff.

## **Staff Awards**

The date for the annual staff awards event is Thursday 12 March, 2020. A judging panel made up of staff reps, the Director of Nursing and Quality, the Chief Executive and Director of Workforce and is meeting this week to agree a shortlist from the 439 nominations we received this year.

Once again this year, we are very grateful that the governors have supported the Unsung Hero Award. Judging has been co-ordinated by CJ Kim and we will share more information with you about the winners in the coming weeks.

## **Staff Survey**

The Trust awaits the detailed results of the 2019 staff survey, but we can report that the response rate was 65.2% (58% last year.) This is one of the highest scores nationally.

## **Maternity visit**

In November, we were delighted that the Duchess of Cambridge visited our Maternity Unit for two days. During her visit, the Duchess spent time with staff, women and their families across all areas of the maternity service. This was linked to 2020 being the international year of the midwife and nurse, and we will be using this to promote the outstanding work of our Kingston staff throughout the year.

## **7. Estates**

### **Update on Coombe Road land sale / planning application**

As you know, during a review of the hospital's estate in 2017, the 140 year-old Regent's Wing Building, the pain and diabetes building and part of the hospital's command centre were identified as no longer economically viable and unfit for today's NHS. The review recommended that we either vacate or complete an extensive refurbishment. Further work estimated refurbishment costs of £16 million with ongoing costs of approximately £100k per year.

The Board agreed the best option was to sell the land and re-invest the earnings back into Kingston Hospital to improve patient care and staff experience. This approach was followed by engagement with the Trust's governors and stakeholders, including Kingston Council and local residents.

The site was listed for sale in autumn 2018 and the sale to Advanced Living was successfully completed in March 2019.

### **Current position**

A planning application by Advanced Living is currently under consideration by the council.

[The application](#) is for demolition of the Regent's Wing, pain and diabetes building and part demolition of the command centre, and construction of a new building comprising 128 self contained apartments with associated care and communal facilities. The application also includes provision of 61 car parking spaces including 18 disabled parking bays.

The Trust has been in contact with Advanced Living throughout the planning process, and the Director of Estates & Facilities has submitted a response to the planning application. We are currently considering a further response from the Trust to the Council, before the March planning meeting, which we will be discussing with the board at the end of January. If there are specific issues that you are concerned about, please let Susan Simpson know. We will share a copy of this response with governors.

The points that the Director of Estates & Facilities has raised directly with Advanced Living have been around:

- Managing noise and disruption on site during the demolition and building period
- Preventing potential loss of privacy for patients in the design of the development
- Provision of car parking spaces within the development so as to reduce impact on neighbouring residential roads

The Trust has taken steps to mitigate the loss of car parking spaces with the sale of the land. Over the last year we have increased the number of parking spaces on site by placing 40 spaces on the site of the old tennis court and, more recently, we have secured 35 additional spaces for staff at Wickes. This is the first phase of work to secure off site (but near to the hospital) parking for staff. It is likely that by the end of February 2020 another 55+ spaces will be available at the BT site next door to Wickes. We have no plans to move staff or patient parking to Richmond Park.

We understand, from an announcement following the general election, there are also likely to be changes at a national level in relation to car parking for patients and staff, as well as the identification of funds to develop further capacity. We await further detail on this.

We will continue our dialogue with Advanced Living to ensure the hospital's stakeholders, staff and local people are kept informed about the planning application and next steps. The Trust Board has had oversight of this programme of work throughout and this will continue.

### **Kennet ward refurbishment**

Kennet ward has now reopened after the refurbishment to make it more dementia friendly. Working with Kingston Hospital Charity, who provided £650,000 in funding, the hospital has successfully refurbished Derwent, Blyth and now Kennet. This completes our elderly care ward refurbishment programme, an integral part of the hospital's dementia care strategy launched in 2014. This refurbishment programme was rightly recognised in the CQC's 2018 inspection as an example of outstanding practice. Charitable funds have paid for new flooring, lighting, wall finishes, social spaces, artwork and signage, transforming these wards for our patients.

### **Esher Wing garden**

Governors have asked about the future of the garden, originally funded by The King's Fund, the League of Friends and the Women's Voluntary Royal Service, which is located next to Esher Wing. The garden may be affected by future improvement works at the hospital, including the possible extension to expand and modernise admissions into the day unit at Esher Wing.

The Trust will engage with the donors regarding any developments to seek their agreement. If agreed, the garden will be closed over the summer of 2020 for safety during construction work. Reopening in 2021, the garden would be redesigned with advice from the Kingston and Richmond Horticultural Society, with input from the donors if they would like to get involved. Additional green space will also be developed by the Vera Brown building as part of their redevelopment.

## **8. Systems and partnerships**

### **Sian Bates**

The Trust welcomes the news that our chairman Sian Bates has been asked by NHS England and NHS Improvement to be a 'Chair in Common' for our neighbouring Hounslow and Richmond Community Health Trust (HRCH) starting in February. Our trusts will remain separate organisations

with their own boards, but Sian's role will help us to strengthen partnership working and collaboration with colleagues in HRCH, improving support for our patients and local communities.

### **Primary care networks - update**

Primary Care Networks (PCNs) form a key building block of the [NHS long-term plan](#). PCNs consist of groups of general practices working together with a range of local providers including across primary care, community services, social care and the voluntary sector. They aim to offer more personalised, co-ordinated health and social care to local populations, providing a wider range of services which will enable patients to more easily integrate with the wider health and care system.

Networks are normally based around local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice, but at the same time large enough to provide resilience and support for the development of integrated teams.

SWL PCNs have officially been 'live' since 01 July 2019. Clinical directors, who represent each PCN and provide leadership, have also been appointed and hospital colleagues are linking in with the new clinical directors. Across SW London we have a total of 39 PCNs (Croydon: 9, Kingston: 5, Merton: 6, Richmond: 6, Sutton: 4, Wandsworth: 9).

Primary care networks will eventually be required to deliver a set of seven national service specifications. Work on five service specifications will start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The remaining two will start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities.

### **South west London response to the NHS Long Term Plan**

The NHS Long Term Plan published in January 2019 sets out a requirement for local health and care systems to develop a five year strategy to identify how they will deliver the ambitions in the Plan. In response, the South West London Health and Care Partnership published its discussion document entitled the *Five Year Health and Care Plan for people in South West London*. The plan outlined the ambitions of both the Borough Local Health and Care Plans and the pan-South West London programmes to enhance clinical care and standards. These are supported by three critical enablers of digital, estates and workforce, as well as a narrative on how we will work together as we move towards an integrated care system. Following feedback from health and care partners across SW London, the south west London plan will be published in February.

## **Improving Healthcare Together**

Health leaders from NHS Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs) have launched a public consultation on proposals to invest £500 million to improve hospital services in SW London.

The three CCGs met in public and agreed to launch a public consultation on Wednesday 8 January 2020 on three potential options for the location of a brand-new specialist emergency care hospital – on the Epsom, St Helier or Sutton hospital sites. Sutton was agreed by the CCGs as a preferred option for the consultation, but health leaders were clear that all three options could be delivered.

Working within the SWL system, Kingston Hospital has been involved in the planning around the three options and will continue to engage in these discussions with health leaders in SWL the months ahead.

The CCGs have set out their preferred option for the new state-of-the-art hospital facility to be Sutton Hospital, next to the Royal Marsden specialist cancer hospital. Services provided at the specialist emergency care hospital would include A&E, critical care, emergency surgery, births in hospital and inpatient children's beds. The public consultation will run until Wednesday 1 April and there are a number of ways for you to have a say including completion of the [online consultation questionnaire](#). A copy of the full consultation document and a consultation questionnaire can be accessed from [improvinghealthcaretogether.org.uk](http://improvinghealthcaretogether.org.uk).